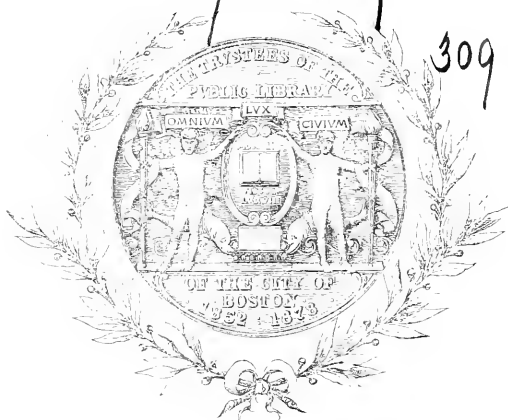


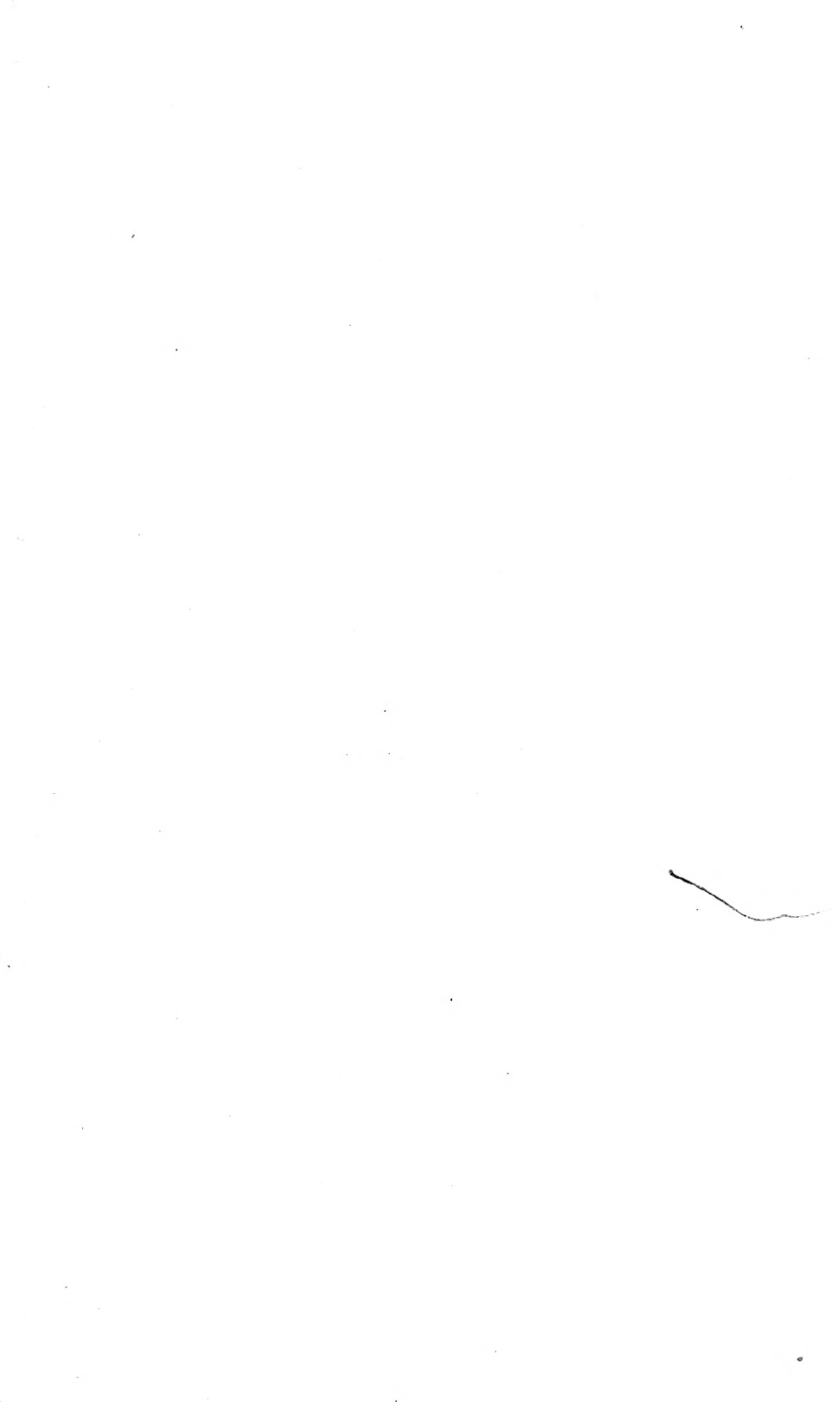


No 5573.149

309-317



GIVEN BY





\* 5573.147

257

# *Children*

IN THE COMMUNITY



# *Children* IN THE COMMUNITY

THE ST. PAUL EXPERIMENT

IN CHILD

WELFARE



Sybil A. Stone • Elsa Castendyck • Harold B. Hanson, M. D.

---

FEDERAL SECURITY AGENCY • SOCIAL  
SECURITY ADMINISTRATION • CHILDREN'S  
BUREAU • PUBLICATION 317 • 1946

---

For sale by the Superintendent of Documents, U. S. Government  
Printing Office, Washington 25, D. C. - - - - Price 35 cents





## FOREWORD

**I**N 1937 the Social Service Division of the Children's Bureau, working in cooperation with local public and private agencies, set up an experimental project in St. Paul, Minn., to study ways of discovering and getting treatment to children who were showing behavior difficulties.

The work fell naturally into two categories. There was first, the problem of identifying the children, of training workers in the meaning and the seriousness of unhappiness and misbehavior in children—workers who were in daily contact with many children, and therefore in key positions to identify those in need of service. When the children in need of service were identified there was the problem of putting them in touch with the community organization best able to give the service needed. The problems encountered in St. Paul, in both phases of this work, are likely to arise wherever similar work is undertaken. It is to be hoped that this report will be studied carefully by all who are concerned with community organization or social planning, and most especially by those who are working for a well-integrated program of service to children in their communities.

The Children's Bureau is indebted to the many agencies and organizations in St. Paul which cooperated in this study: The Community Chest, the Amherst H. Wilder Charity, the Ramsey County Board of Public Welfare, and the Juvenile Court for their official sponsorship of the project; the public and parochial school teachers and administrative staffs, without whose cooperation and good will the work could not have been done; and other social, educational, religious, health, and civic groups which assisted in so many ways. The University of Minnesota, colleges in St. Paul, the WPA, and the NYA found workers, paid and volunteer, for some of the special activities of the project. Chapter A. W. of P. E. O., the Zonta Club of St. Paul, and some individuals made financial contributions to the tutoring and group-work programs. The Division of Social Welfare of the State Department of Social Security assisted in assembling the statistical data. The Children's Bureau is also indebted to the professional people in St. Paul and throughout the country who gave their advice in planning for this study and in meeting problems as they arose.

The success of the project was due to the resourcefulness, capacity, and devotion of the directors and the staff. Plans for the project were developed by Elsa Castendyck of the Bureau staff, then Director of the Bureau's Delinquency Division, later termed the Child Guidance Division, and now responsible for the social-service aspects of the Bureau's work in the field of mental health. She recruited and organized the staff and gave general direction to the project throughout its history. The work in St. Paul was under the direction of Harold B. Hanson, M. D., whose skill and patience contributed more than any other factor to the success of the undertaking.

The following were on the staff during part or all of the life of the project: Jean M. Deutsche, Sybil A. Stone, Ruth Durward, Dwight A. Ferguson, Thompson R. Fulton, Henry W. Waltz, Jr., Helen Rowe, Robert B. Solomon, Alma Laabs (assigned by Amherst H. Wilder Charity), Thelma V. Brown, Elizabeth G. Hendrix, Dorothy Pederson, Muriel Krebs, and others who contributed to the work for shorter periods of time.

KATHARINE F. LENROOT,  
*Chief, Children's Bureau,*  
*United States Department of Labor,*  
*Washington, D. C.*

#### IV · CHILDREN IN THE COMMUNITY

## INTRODUCTION

WHEN the United States Children's Bureau suggested that an experimental project might be located in St. Paul to study the problems, behavior, and adjustment of children and to develop treatment services, the suggestion was met immediately by a hearty welcome on the part of the St. Paul Community Chest and Council and the public and private agencies.

It came at an opportune time. The Council of Social Agencies, at the time the project was started, was completing an extensive study of child neglect and the attention of the community was already focused upon its services to children and, more especially, services to children in their own homes.

Competent performance in any field of social work or community organization is dependent upon competent personnel. The personnel selected by the Children's Bureau represented a variety of special skills and was characterized by a high degree of professional and personal leadership. A study and treatment program for children was developed which has left a lasting imprint upon the organization of community forces and the social planning of the community.

Many practical problems involved in the integration of services to children were brought to a focus in a typical area of the city. The ever-present problem of the coordination of community services and effort is typical not only of St. Paul but of every urban center. The experiment made the nature of the problem clearer which is always a necessary step in any planning.

St. Paul owes a debt of gratitude to the Children's Bureau; to Miss Katharine F. Lenroot, Chief of the Children's Bureau; to Miss Castendyck, and to the staff serving in this project, whose services by no means came to an end with the closing of the experiment.

LOUISE M. CLEVINGER,

*Secretary, Council of Social Agencies and Social Planning Committee.*

St. PAUL, MINN.

*April, 1945.*



# C O N T E N T S

## I

<b>POINTS OF DEPARTURE</b>	1
Purpose and general plan of the Community	
Service for Children	2
The area selected	4
Local sponsorship	8
Selection of the staff	8

## II

<b>THE CHILDREN</b>	11
The Jaegers	13
Allen Weske	22
Andy Herschel	25
Jerry Klein	30
Carl Jansen	34
Chris O'Hara	39
Ralph Morris	43

## III

<b>AN OVER-ALL VIEW OF THE COMMUNITY SERVICE FOR CHILDREN</b>	46
Early recognition of problems	47
Sources of referral	49
Use of services	55
First contacts with the child's problem	60
The causes of maladjustment and its treatment	64
The use of other agencies in treatment	73
Placement outside the home in treatment	77

## IV

<b>THE SCHOOLS AND THE LAW-ENFORCING AGENCIES IN THE PREVENTION AND TREATMENT OF CHILDREN'S PROBLEMS</b>	80
The schools	80
The law-enforcing agencies	98
In summary	121

## V

<b>GROUP WORK IN THE PREVENTION AND TREATMENT OF CHILDREN'S PROBLEMS</b>	123
School centers	125
Camping	127
Consultant service	129
Case work and group work	130

## VI

<b>EXPANDING SERVICES FOR CHILDREN IN ST. PAUL</b>	142
Area and community differences	143
Application of method	144
Committee for the Coordination of Schools and Social Agencies	144
Police in the coordination program	147
The Coordination Center for Community Services for Children	149
Neighborhood organization in relation to the project's program and its extension to city-wide planning	154

## VII

<b>IMPLICATIONS FOR OTHER COMMUNITIES</b>	158
<b>APPENDIX I. St. Paul, Minn.</b>	164
Educational facilities	165
Juvenile court and probation office	167
Police department	168
Public welfare facilities	169
Treatment services for children in their own homes	170
Child-placement services	172
Recreational and group-work services	172
Health services	173
The St. Paul Community Chest	173
<b>APPENDIX II. Key used in classifying problem behavior</b>	175
<b>APPENDIX III. Behavior indicative of unfulfilled needs—Definitions</b>	178





# Children



## IN THE COMMUNITY

The St. Paul Experiment  
in Child Welfare

### I

#### POINTS OF DEPARTURE

OUR WARTIME experiences with children, in this country and other countries, have given us striking evidence of the growing child's need of security in his affectional relationships. The child who has felt that he belongs and is wanted in his family and community has been able to weather many of the shocks of war. Although he has often been disturbed and sometimes frightened by sudden changes in his home and community and by the unavoidable separations that accompany war, he has shown a remarkable resilience and ability to adapt to the changing times. On the other hand, the child already insecure in his affectional life, uncertain about his status in his family and community, has taken these changes and separations as further proof of the transience and undependability of personal relationships, and in his insecurity, unhappiness, and fear has many times resorted to socially unacceptable behavior.

We, therefore, ask ourselves as we plan for postwar living, how might we have given to all children the security and confidence that enabled so many to meet this crisis of war with credit to themselves, their parents, and their communities? How may we, in the postwar years, offset the insecurity that many children have faced during the war and make available to each child the community services he needs

in order to develop a mature and stable personality that will enable him to face life with confidence in himself and those around him?

The answers, we know, are not simple, and in answering we must carefully assess our experience with children and our programs for children in both war and peace. The United States Children's Bureau presents the experiences of its St. Paul project to study methods and techniques relating to the prevention and treatment of children's maladjustments, designed and operated in time of peace and terminated during the wartime period, as experience to be studied and considered as we plan for the future.

## **Purpose and General Plan of the Community Service for Children**

The problem of making sound application of rapidly increasing knowledge is present in all fields of science, and recent years have seen it become increasingly acute in the field of child development and behavior. Advances here have led to the establishment of many new services for children and to a frank questioning of the manner in which older services are functioning. There were several such advances in the field of child welfare which made the Children's Bureau aware of the need for a practical investigation of some of the questions which were arising and led to the establishment of a project in St. Paul, Minn., known locally as the Community Service for Children, for making such a practical investigation.

Among the recent advances in the field of child welfare was the work of the Chicago Demonstration Probation Project, carried on jointly by the Children's Bureau, the juvenile courts of Cook County, and the School of Social Service Administration and the University Clinics of the University of Chicago for a period of 4 years beginning in September 1932. This study had been concerned primarily with "discovering in action what the work and training of the probation officer should be, and what community resources should be developed to assist in preventing delinquency and to care for those who had developed or were developing serious conduct problems."<sup>1</sup> This experience made clear the need to know not only more about what the work and training of probation officers should be, but also about the work and training of all workers giving service to children. It was also apparent that much more information was needed regarding the effective co-

---

<sup>1</sup> Abbott, Grace, *The Juvenile Court and a Community Program for Treating and Preventing Delinquency*. The Social Service Review, Vol. X, No. 2, p. 227.

ordination of all services in meeting the needs of the individual child.

The responsibilities of the juvenile court in the treatment of delinquency had also been under discussion. The juvenile courts, in accordance with the philosophy of their establishment that the delinquent child needs care and protection rather than punishment, had developed clinic and case-work services to assist them in meeting their obligations. With the expansion of community services for children the question arose as to whether some of these functions could not better be carried on outside the court setting, where they could be divorced from the authoritative approach. It was felt that more information was needed about the role of law-enforcing agencies in treatment before final conclusions could be reached.

The passage of the Social Security Act in 1935, with the resulting expansion of public child-welfare service throughout the country, had raised questions about the role of the child-welfare worker in a program designed to help meet the needs of all children. Through what channels could these workers reach children in need of services?

In establishing the St. Paul project the Children's Bureau placed its emphasis on the study of social services to all children with personality and behavior problems, however mild, and on ways of preventing the development of such problems. It had three general objectives: first, to study the problems confronted in the identification and treatment of children presenting personality and behavior problems; second, to study the problems involved in the development and integration of agencies and organizations concerned with children; and third, to study ways of interpreting to the community its needs in services to children.

In order to acquire experience which would be applicable on a Nation-wide basis, the project was to be established in a city of medium size where the conditions would be typical of the average urban community. A circumscribed area of the city was to be selected in order to limit intake and make it possible for the staff to become personally acquainted with the community and the people serving it. In such a set-up it would be possible to reach a more intimate understanding of community relationships as they affect services to children.

St. Paul, Minn., was selected as being a typical urban community. (For a detailed description of community organization and resources in St. Paul, see appendix I.) Other factors influencing the selection of St. Paul were that a stable program of public child-welfare services had been functioning for approximately 20 years; that the emphasis

of social agencies was toward community-mindedness rather than agency-mindedness; that the judge of the juvenile court and the probation staff were interested in having an experimental project organized in the field of juvenile delinquency; and that the services of the public welfare agencies were apparently more nearly adequate than those of many other cities.

### **The Area Selected**

The project area covered one and a half square miles and extended from a central business district to a predominantly residential section. The headquarters of the project were located on a main thoroughfare at one edge of the area at about the midpoint. The offices were on the second floor of a business block. Besides individual offices for staff members there was one large room which was suitable for staff or committee meetings. No space suitable for group-work activities, social gatherings, or community meetings of any size was available. The area had some natural boundaries which coincided with those of three primary-school districts, but which did not tend to set it off in its social life from surrounding sections of the city. The population of the area was approximately 20,000 persons. The nationalities, the racial and religious backgrounds of the residents, and other social factors, such as the number of families receiving relief, the volume of juvenile-court cases, the quality of housing, and the existence of public and private recreational facilities, indicated that the area was fairly representative of conditions of urban life. Approximately 85 percent of the population, according to the 1940 census, were native white, 14 percent foreign-born white, and less than 1 percent Negro and other nonwhite.

The rates of police arrests for juvenile offenders and of juvenile-court complaints for the year 1937 were enough greater for the project area than for the city as a whole to indicate that the difference was not due to pure chance and suggested that, although the volume of juvenile-court cases in the project area was not as great as in some sections of the city, it was significantly greater than for the city as a whole.<sup>2</sup> A survey of financial relief, both public and private, in St. Paul for the year 1936 showed a similar situation in relation to the relief program,

---

<sup>2</sup> From the annual reports of 1937 for the police department and the juvenile court. Rate of police arrests of juvenile offenders: city, 5.7 per thousand of total population; project area, 8.2 per thousand of total population. Rate of juvenile court complaints: Ramsey County, 1.6 per thousand population; project area, 2.6 per thousand population.

the relief rate in the project area being significantly higher than for the city as a whole.<sup>3</sup>

There was little difference between the area and the city as a whole in the percentage of persons 14 years and older in the labor force. There was indication that the socioeconomic level of the area was somewhat lower than that for the city as a whole. (See tables 1 to 4.) This is probably due to the fact that while part of the area extended into one of the poorer sections of the city it did not include any of the wealthier residential sections. The figures do, however, lend support to the impression that the area represented a fair cross section of urban life.

There were three public elementary schools in the area and four parochial, of which three were Catholic and one Protestant. All of the Catholic schools drew children from a wider area than the project district. One was definitely a Polish school and drew from many parts of the city. The largest was a school attended in the main by children of German background. At the beginning of the project this school included ninth and tenth grades, but with the completion of a new building in 1940 it was extended to include all high-school grades. The third Catholic school did not have a distinct national character. One public high school and a boys' vocational high school were immediately adjacent to the area.

Three Catholic churches, four Lutheran, and three small churches of other Protestant denominations were located in the area.

TABLE 1.—*Employment status of persons 14 years and over in labor force, 1940*<sup>1</sup>

Status	City		Area	
	Number	Percent	Number	Percent
Total.....	125,447	100	8,684	100
Employed <sup>2</sup> .....	104,216	83	6,759	78
Public Emergency work.....	5,716	5	577	7
Seeking work.....	15,515	12	1,348	15

<sup>1</sup> Sixteenth Census of the United States, 1940: Population and Housing, Washington, D. C., 1942, p. 3.

<sup>2</sup> Exclusive of public emergency work.

<sup>3</sup> Rate of individuals receiving relief benefits per thousand population: city, 175.0; area, 230.7. These figures are from an unpublished survey by Janet Nolan, made available by the Amherst H. Wilder Charity. Where only a portion of one census tract was included in the project area, the figure is based on estimate.

TABLE 2.—*Employed persons by major occupation* <sup>1</sup>

Occupation group	City		Area	
	Number	Percent	Number	Percent
Total.....	104, 216	100	6, 759	100
Professional workers.....	8, 764	8	258	4
Semiprofessional workers.....	1, 644	2	151	2
Proprietors, managers, and officials.....	10, 469	10	359	5
Clerical, sales, and kindred workers.....	30, 858	30	1, 667	25
Craftsmen, foremen, and kindred workers.....	13, 230	13	1, 082	16
Operatives and kindred workers.....	17, 589	17	1, 653	24
Domestic-service workers.....	4, 443	4	165	2
Service workers—except domestic.....	10, 709	10	907	13
Laborers.....	5, 844	6	491	
Not reported.....	666	(?)	26	(?)

<sup>1</sup> Exclusive of public emergency work. Data from Sixteenth Census of the United States, 1940: Population and Housing, Washington, D. C., 1942. p. 33.

<sup>2</sup> Less than 1 percent.

TABLE 3.—*Owner-occupied and tenant-occupied dwelling units* <sup>1</sup>

Status	City		Area	
	Number	Percent	Number	Percent
Total.....	80, 557	100	5, 771	100
Owner-occupied.....	37, 940	47	2, 206	38
Tenant-occupied.....	42, 617	53	3, 565	62

<sup>1</sup> Sixteenth Census of the United States, 1940: Population and Housing, Washington, D. C., 1942. p. 4.

TABLE 4.—*Years of school completed by persons 25 years of age and over in city and area* <sup>1</sup>

Years completed	City		Area	
	Number	Percent	Number	Percent
Total.....	176, 910	100	12, 057	100
No school years completed.....	2, 504	1	143	1
Grade school:				
1 to 4 years.....	7, 166	4	740	6
5 or 6 years.....	11, 887	7	1, 395	12
7 or 8 years.....	71, 100	40	5, 888	49
High school:				
1 to 3 years.....	27, 705	16	1, 873	16
4 years.....	33, 017	19	1, 450	12
College:				
1 to 3 years.....	11, 772	7	318	3
4 years or more.....	10, 687	6	184	1
Not reported.....	1, 072	(?)	66	(?)

<sup>1</sup> Sixteenth Census of the United States, 1940: Population and Housing, Washington, D. C., 1942. p. 33.

<sup>2</sup> Less than 1 percent.

In St. Paul the organization of case-work services is on a city-wide rather than a district basis (see appendix I) with the exception of the Relief and Service Division of the County Welfare Board. The project area comprised parts of two districts of the Relief and Service Division.

At the time the Community Service was established the group and recreational activities available to children in the area included two Girl Scout troops, two Camp Fire groups, five to eight Boy Scout troops, three Girl Reserve groups, and two public playgrounds located at either end of the area. There were a number of church groups but no settlement house. Other scattered civic and recreational groups existed, including two playground booster clubs, several parent-teacher associations, and a businessmen's club. The social life of the area was organized around the various national and religious groupings, with little community interest in neighborhood problems.

Early in the development of the Community Service arrangements were made for referring children to the medical dispensaries in St. Paul and receiving reports of examinations from them. Channels were established for referral and exchange of information between the Service workers and the school and visiting nurses.

However, the close relation between physical problems and problems of behavior made an even closer contact with health agencies desirable. Early problems in feeding and habit training come to the attention of pediatricians and nurses in well-baby clinics. In their visits to the homes, nurses see all members of the family and may be able to identify problems that show up only within the family group. In their confidential relationship they may be in a position to advise parents where to seek the help that they need or to give advice themselves in the establishment of a more satisfactory pattern of behavior. It was felt that if the health service were near at hand or in the same building, referrals between the new project and the health service could be made more easily and better cooperative relationships established. Parents and children also, as they became aware of the available services, might refer themselves from one to the other, and through such close association a center for the prevention and treatment of problems in physical and mental development might become a center for parental education.

In order to make possible a closer working relationship with the health agencies, the Family Nursing Service of St. Paul, the health agency under which well-baby and prenatal clinics had developed in

the city, was invited to establish a station with well-baby and prenatal clinics in space adjoining that already being used by the Community Service. When the station was first opened in August 1939 it was the headquarters from which the nurses worked, and one well-baby clinic a week was held there. This number was later increased to two well-baby clinics and one prenatal clinic a week.

### **Local Sponsorship**

Local sponsorship for the Community Service was offered by the St. Paul Community Chest, the Amherst H. Wilder Charity, the Ramsey County Welfare Board, and the Ramsey County Juvenile Court, acting jointly. As tangible evidence of their interest, the Community Chest provided funds for the local offices and the Wilder Charity provided the salary for the school social worker who worked with the Service staff.

The sponsoring agencies were invaluable in assisting the project to become established in the community and to develop working relationships with the various community agencies. The Council of Social Agencies accepted the Community Service as a member agency and made it possible for the staff members to serve on committees and take part in studies that were under way at the time the project was set up. In this way the staff quickly became acquainted with the social-agency structure of the city, with its strengths and weaknesses, the functions and interrelationships of the various agencies, and the leaders among the social-work personnel. A study of child neglect in St. Paul which had been initiated in 1935 was still in progress during the first years of the project. This involved a study of the functioning of all agencies dealing with children's problems and revealed that in St. Paul emphasis had been placed upon providing services for children who had to be removed from their homes rather than upon assisting homes to become more adequate or helping children who remained with their parents. These findings increased interest in giving services to children in their own homes and helped to set the stage for the Community Service's emphasis on this type of work.

### **Selection of the Staff**

The composition of the staff and the training and experience of its members in working in a community setting were of great importance to the development of the project. The widely varying functions assigned to children's agencies and institutions in a community, as



well as the differences in approach to children's problems made by several professions interested in child welfare, made it necessary that the Community Service have a staff representative of each of these professions and familiar with their varied approaches. Only in this way could the contributions to be made by each agency in a coordinated approach be realistically assessed. Such a staff working under one administrative head would be in a position to see at close range the difficulties involved in coordination and to develop procedures to overcome them.

The difficulty of obtaining personnel with the necessary qualifications was much greater than had been expected. As a result a much longer time than had been originally planned elapsed between the preliminary work of selecting the area, which was immediately followed by the establishment of case-work services, and the completion of the staff. The full staff, as finally assembled included the following members: a psychiatrist, who was the local director of the project; a psychologist, responsible for the psychological service and the program of evaluation; two case workers, one of whom assumed responsibility for contact with the police and courts; a group worker; and a school social worker assigned by the community to work with the project.

The importance of the school in the child's life and the consequent need for school participation in any over-all program for children led the Children's Bureau to request some tangible evidence of the schools' interest in the project. Although there was no school social-work program in St. Paul and finances did not permit the appointment of school social workers to the department-of-education staff, an interest in such a program existed in both the schools and the community. As a result of this interest the Amherst H. Wilder Charity agreed to finance the salary of a school social worker to work closely with the project staff and to demonstrate school social work in St. Paul. This support was continued from September 1937 to January 1942.

It was originally planned that the project would operate at least 3 years with some leeway allowed for the needs which might develop. Actually more than 6½ years elapsed from the time the first case worker arrived in St. Paul and the first cases were accepted in January 1937 to the time the office closed on July 31, 1943. Because of changes in staff composition and difficulties experienced in obtaining properly qualified personnel, the full staff as finally assembled (psychiatrist, psychologist, two case workers, a group worker, and a school social worker paid by the Amherst H. Wilder Charity) was together as a

unit for only 3 years before the first steps toward discontinuing the service were made in July 1942.

It was in this setting and with this staff that the Children's Bureau studied the problems involved in the identification and treatment of children presenting personality and behavior problems; in the development and integration of agencies and organizations concerned with children; and the function of the neighborhood in such a program. The strengths and weaknesses of existing services, both in the city as a whole and in the project area, played an important part in determining the project's course. Where there was little understanding of children's needs, time was taken to develop understanding; where services were lacking, or inadequate, help was given in developing them. This was the framework within which the immediate needs of the child facing a problem had to be met, and met by the best possible use of the services available, not at some later date but in the immediate present. But it was the children and their needs who in the last analysis determined the course of the program, by offering daily a practical and realistic test of progress—their own improving adjustment.

## II

### THE CHILDREN

During the whole period of the project 1,466 children were registered for service. Of these 739 were registered in the group activities only. The other 727 were from 535 families who received one or more of the individualized types of service available from the Community Service staff. They represent a group which includes cases comparable to those carried by other agencies in the community but which, viewed as a whole, has characteristics of its own due to the project's case-finding policies and special interests.

Some of the cases in this group are comparable to those carried by child-guidance clinics, where personal and social pathology are so closely interrelated that only skilled psychiatric diagnosis and treatment can meet the needs of the child. There are other cases, however, of children whose problems are much less complicated and who are not generally found in child-guidance clinics, children who are basically stable but who need change in their environment to prevent its impeding their normal growth and development.

Although the group includes some cases of gross neglect, illegitimacy, and marked incorrigibility, the project's emphasis on early identification of children with behavior problems tended to weight the case load less heavily in these areas than would normally be the case in a protective agency whose responsibility for children was limited to these fields.

Thirty-one percent of the 727 children registered with the Community Service came from families who received financial assistance outside the home at least one-fourth of the time the case was active with the Service. Approximately 5 percent of the children were in foster homes during a part of the time. Service to these children, however, was always given in cooperation with other agencies who assumed responsibility for direct material assistance and home finding. The fact that the project did not provide these services limited the number of children known to it who were receiving financial assistance to those who in

spite of such help were failing to make satisfactory adjustments, or who in the course of treatment for other problems showed a need for financial assistance or placement.

It is a group made up of children and youth ranging in age from 3 to 22 years, with a median age of 12 years, and in intelligence from the feeble-minded (I. Q. 42) to the very superior (I. Q. 149), with a median of average intelligence (I. Q. 94); a group in which there are some children whose problems were the concern of many community agencies, social, educational and judicial, and others whose problems were not accepted as falling within the prescribed functions of any agency. This group tells the story of children in the community who are facing problems which they cannot solve alone, children who look to the community for help. The community must provide service for these children if it is to discharge its responsibility to identify and treat the early symptoms of maladjustment in order to prevent the more costly results of mental disease, delinquency, and adult crime.

The symptoms which the children displayed, the particular difficulty which brought them to the attention of the Community Service, varied. The types of misbehavior, and the number of children referred for each, out of a total of 727, were as follows: <sup>4</sup>

Academic difficulties . . . . .	374
Conflict with authority . . . . .	210
Undesirable personality traits . . . . .	203
Stealing . . . . .	178
Physical difficulties . . . . .	177
Attendance irregularities . . . . .	165
Conflict with other children . . . . .	123
Habit problems . . . . .	120
Failure to observe routines and regulations . . . . .	114
Social withdrawal . . . . .	109
Destruction of property . . . . .	56
Running away . . . . .	42
Dishonesties . . . . .	34
Sex . . . . .	26
Other . . . . .	54

Irregular attendance at school, conflict with authority, and undesirable personality traits were the signs that all was not well with one, while another showed his disturbance through academic difficulties, failure to observe routines and regulations, running away, and stealing. The individuals in this group, through their patterns of behavior, were

<sup>4</sup> For definitions see appendix II.

showing that all was not well with their world. These children had called for help, they had in the language of childhood registered their disapproval of things as they were by failing in school, by fighting with other children, by defying adults, or by withdrawing into a world of fantasy that could be manipulated to their own liking. How long must this continue? How far must they deviate from the normal before a change is brought about in their situation? The community cannot expect the child to make a formal referral of his problem to the child-guidance clinic or to the family or children's agency, nor can the full responsibility be left to his parents who often are so involved in their own problems that they are only vaguely aware of the child's need for help in its early stages. Yet it is in these early stages, when the child first finds himself unable to cope with his problem, that treatment is most apt to prove beneficial. Service before the child has firmly established a pattern of behavior that is socially unacceptable and only partially satisfactory to himself, has a much greater opportunity to meet his needs than service brought to him at the point when, because of some antisocial act, the whole community is aroused. Clearly, the community must hold itself responsible for finding an effective way to become aware of these early calls for help and set up channels for getting service to these children quickly.

The following greatly condensed case studies are typical; they show the individual reality covered by the statistics. Throughout this report these cases will be used to illustrate points under discussion.

## **The Jaegers**

The admittedly deteriorated family, in need of many services and much understanding if the children are to be given a better chance to develop into useful citizens than was available to their parents, has always presented a problem to social agencies. The question of removing the children from the home invariably arises; when it becomes apparent that the neglect is not of a nature to warrant removal without parental consent, and such consent is not forthcoming, the question of what can be done for them in their own homes must be answered. The Jaegers were such a family and their case is presented not because the project was able in any unusual way to rehabilitate them but to show how the children were helped to obtain what they could from the strengths in the family, and to be freed in part at least from its weaknesses, so that they could benefit from the constructive activities in the community. It was Helen who received the most intensive

service, but Max and Teddy are also presented here because they were a part of the family unit, which must always be considered as a whole, and the Community Service recognized a responsibility to them as well as to Helen.

### **THE PROBLEM**

Helen, 10 years old and in the fourth grade, was unkempt and unattractive in appearance, with few friends either at school or in the neighborhood. Always on the lookout for actual or implied criticism, she was daily involved in verbal and physical combat with other children, which usually ended in angry withdrawal on her part. On the other hand she was conscientious about her school work and doing as well as could be expected with her dull-normal intelligence. She seemed pathetically eager for praise and, in the words of one teacher, "seemed almost surprised to be treated kindly."

She was, however, beginning to stay out of school, ostensibly because she did not have adequate clothing. This was following the pattern of her 15-year-old half-brother Max—a boy with much less ability than Helen.

### **THE REFERRAL**

The principal of Melrose School had recently learned that Max was frequenting the city dump during school hours. This and Helen's increasing absences made her wonder if the Community Service for Children might not have something to offer these children. There was also, she said, a younger brother Teddy, not yet in school. She said it certainly was not a crisis situation in her mind and she might not have mentioned the Jaeger children if the school social worker had not been right there. But the discussion of services to children had called Helen and Max Jaeger to her mind. If nothing was done these children might get into serious trouble as they grew older—certainly as she saw it, they were not happy children. Max did not attend her school now so it might be well to talk with his principal.

The principal of Stoughton School, which Max attended, was not particularly concerned about Max. He had referred him to the attendance department which had had little success in getting him back to classes but, as the principal pointed out, Max was after all able to accomplish very little in school and would soon be 16 and free to leave. The principal had found the home uncooperative. Mrs. Jaeger often came to the school with a chip on her shoulder and was inclined to make a great deal of minor happenings—this in spite of the fact that

the school had done a great deal for her children. However, if the Community Service for Children wished, it might be well to inquire into the home situation.

### *THE HOME*

Inquiry revealed that the Jaeger family was well known to community agencies; in fact the family had been registered with 13 agencies including ones interested in family, child-health, and law-enforcement problems, at one time or another. The records revealed that Mrs. Jaeger was illiterate and had been committed as feeble-minded although allowed to remain in the community. Two children by a previous marriage, in her early teens, had died as a result of neglect, and two, of whom Max was one, were still living. Helen and Teddy were the only living children by her second marriage. Both she and Mr. Jaeger were alcoholic and their marriage was marked by discord and physical abuse. Low cultural and social standards characterized the home atmosphere, and profanity, open sex talk, and obscene speech were commonplace.

However, the school social worker found when she visited the home that, in spite of the severe conflicts, there existed a feeling of family solidarity with both parents showing an underlying affection and interest in the children. Mrs. Jaeger seemed to have steadied as she grew older and to be attempting to give the children adequate care. She was anxious over the possibility of their becoming delinquent, particularly over Helen's becoming sexually delinquent. With this in mind she was attempting to control Helen by restricting her outside activities and by frequent warnings and discussions of sexual matters.

With limited insight and ability, she tried to follow literally any rule of child care that came her way. She had heard that all young children should have a nap in the daytime so, although Teddy was fast getting beyond the age for naps, she was rigidly enforcing this routine in spite of Teddy's growing rebellion.

### *FIRST CONTACTS*

The school social worker on the project staff introduced herself as coming from the school. Mrs. Jaeger at once assumed that it was because Max was not attending regularly and said that she also thought something should be done. She didn't know much about his difficulties and wished that she might, because he seemed to be getting out of control. She wondered about his health. He went to the clinic but she didn't understand why. She wished the worker would find out

about his physical condition from the clinic. The worker's suggestion that Max take a test (psychological study) to find out how far along he was in his school work and the best type of continued program for him she thought a good one. Did the worker know anything about the welfare program? She couldn't always understand how it worked and would get "awfully mad" at the welfare worker. It was probably as the school worker said, that they had to follow some rules in giving money. She was probably right in advising her to take up the money problems with the welfare worker.

Throughout a rambling conversation Mrs. Jaeger referred to the school social worker as "honey" or "deary" interspersing her comments with phrases such as "hell no" and "I'll club him."

### MAX

As a result of this first contact, it was arranged with the principal of Stoughton School to have Max seen by the project psychologist during school hours. The study revealed that Max was a feeble-minded boy capable of not better than third-grade work, although placed in a straight academic program in the sixth grade at almost 16 years of age. The school could arrange to have Max transferred to the special school for retarded children if his parents were willing. The principal hadn't done this before because he was sure Mrs. Jaeger would become excited and angry.

The worker explained to the Jaegers the opportunity for Max to receive more individual attention and some prevocational work at the special school. After some discussion and interpretation Mrs. Jaeger and Max decided the plan was a good one. Mr. Jaeger, however, steadfastly opposed it. He was not going to have Max going to the "nut school" and if Mrs. Jaeger sent him, she could "look for another place to board and room." As it appeared that any attempt to bring pressure upon the family would lose more than could be gained by what at best would be a year's training at the special school, the plan was dropped and work with Max proceeded along other lines.

The school social worker, through interviews with Max and with the teacher, helped them both to understand his intellectual limitations and in this way relieved much of the anxiety they both were feeling regarding his failure to progress. A follow-up on his physical condition revealed that Max was in need of intensive medical care with some restrictions on his activities. Here again, the worker helped Max and his family to understand the situation and, in spite of Max's resistance, to follow



the doctor's advice. A membership in the YMCA was arranged for him. Care was taken to interpret Max's problems to the director of boys' activities and to introduce him personally so that Max would feel accepted and wanted from the time of his first visit. The contact with the YMCA proved very valuable to Max and was continued for the whole period of the project's activity.

As work with Max progressed it became apparent that, because of his intellectual limitations, he would need continuous supervision. The Board of Public Welfare was already arranging financial assistance for the family and it seemed best that responsibility for Max be gradually transferred to that agency, which would be able to have Max committed as feeble-minded in order to assure continued supervision. The Community Service continued to work with the board after the transfer was made and assisted in interpreting special programs to Max and making arrangements for him to meet appropriate people. Such cooperative work occurred when Max was accidentally injured at work and suffered the loss of a hand. The routines for collecting compensation were difficult for the Jaegers to understand. The Community Service worker on the basis of her other contacts with the family was able to give helpful explanations. She also assumed responsibility for explaining the vocational-rehabilitation program to Max and arranging for him to make the proper contacts. All this was done in close association with the Board of Public Welfare which carried the major responsibility and took full responsibility when the service project closed.

### **HELEN**

More intensive work was possible with Helen. Although her mother was giving her much of the affection she needed, the wide difference between the social standards of Helen's home and the homes of her companions was becoming increasingly disturbing to her. The fighting, aggressive behavior indulged in by everyone at home when any criticism was implied was not working in her contacts with other children. She would like to play with them but sooner or later she always began to feel uncomfortable and would lash out at them with her tongue or fists. Maybe her dress wasn't ironed or very clean, but they didn't have to say things about her mother; she did the best she could.

Helen at the time of referral needed some help in making more satisfying contacts with other children and in explaining to her mother

her need for clean, attractive clothing and time for recreation. As she grew older and saw more clearly her mother's inadequacies, she might need support in freeing herself from the excessive restrictions and limitations of the home without stepping beyond the social controls imposed by the community. Mrs. Jaeger's fears were after all not groundless, and unless Helen and the family were given some help and understanding it would not be surprising if Helen turned to sex delinquency in her attempts to gain acceptance from some group.

The school social worker's first contacts with Helen were to discuss her leisure-time activities and the possibility of joining a Camp Fire group. In planning for Max the worker had suggested to Mrs. Jaeger that Helen might enjoy some supervised group activity and had assured Mrs. Jaeger that she would not have to worry about Helen's whereabouts on these occasions. The more specific discussion with Helen was therefore a natural development of contacts with the family.

Discussion of leisure-time activities led into the work Helen was expected to do at home and the time it took. Often Helen did not get around to ironing her dress as she was expected to do. She was aware that she was not as well groomed as the other girls. With the help of the school social worker, she began to think of ways in which she herself could improve her appearance, and in subsequent interviews the worker made every effort to comment on each improvement and to encourage her in further efforts.

Having obtained Helen's interest, the worker discussed her problems with the leader of a Camp Fire group, and arrangements were made for Helen to join the group. This she did with great enthusiasm, but it soon became apparent that even with frequent case-work interviews she was unable to adjust to normal group activities and that the Camp Fire experience was merely intensifying her feelings of inadequacy. A more controlled group experience seemed needed.

Later with the beginning of the project group-work program, Helen was invited to become a charter member of one of the clubs (a protected group). This attention pleased her greatly, and for 2 years she participated in what, from the project's standpoint, was a combined case-work and group-work approach to helping her toward a better social adjustment. Frequent conferences between the school social worker and the group leader were needed to keep each other informed about Helen's attitudes and progress and to make joint plans for next steps. Her contacts with the school social worker gave Helen an opportunity to discuss her difficulties with other girls in the club and

to gain a better understanding of them. The group leader helped her to put new insights into action in the group and gave her support as she learned to handle many trying group experiences that she brought upon herself. In describing Helen's group experience during the first year the leader wrote:

To a certain degree, Helen participated in all of the activities of the club, that is, after she went through her customary role of threatening to drop out. This behavior pattern, which threatened to disorganize the group, always appeared when Helen had to face an unusual situation or when her prestige was at stake. At times she would only threaten to leave; at other times she would leave and wait in the hall or outside. If encouraged to come back, she would cause quite a scene by crying, stamping her feet, or kicking. When left completely alone, she would return quietly and upon invitation by the leader would join in the club activities without any further display. Toward the end of the season these displays occurred less frequently than in the beginning, particularly after Helen had been elected as secretary.

In addition to participation in the protected group, arrangements were made for Helen to attend camp for a 10-day period for three consecutive summers. Here she was assigned to a unit directed by the project group worker, who helped her put into practice, on a 24-hour basis, some of the insights she had acquired in the protected group setting.

It was not only necessary for the case worker and group worker to help Helen with her own problems but it was also necessary to assure Mrs. Jaeger that Helen was being well taken care of in order to continue the program. Every now and then, in spite of all previous explanations, Mrs. Jaeger would insist that Helen be home from school at an hour that would prevent her full participation in club activities. Reassurance by the case worker that no harm would come to Helen was needed to relieve this anxiety enough for her to let Helen remain throughout the meeting. The group leader's willingness to return to her own home by way of Helen's further added to Mrs. Jaeger's assurance without in any way making Helen conspicuous in the group. Mrs. Jaeger's limited intelligence and rigid patterns made it necessary to keep repeating these assurances and to go over with her at regular intervals Helen's need for recreational outlets.

As had been expected, Helen's conflict over the difference between home and community standards became more severe during early adolescence. The case worker during this period became a very important factor in Helen's life. Because the case worker had always accepted Helen and her family and had helped Helen with her school

program by arranging for "tests" (psychological study) and some tutoring in arithmetic, and because she had helped her understand the difficulties she encountered in group activities, Helen now began to bring into the interviews her anxieties about her family. She began to discuss her mother's intellectual limitations and her father's drinking. She talked freely about the other club members' interest in boys and the anxieties this aroused in her in view of her mother's teaching. With the case worker's help, she gradually worked through many of her problems. She began to assume leadership in her family. Understanding her mother's limitations but not rejecting her because of them, Helen began to help her mother cope with some of the complexities of urban living. She began to show a normal interest in boys, without the earlier anxieties. At the time the project closed, although still experiencing some difficulty in group adjustment and still in need of some help with her individual problems, Helen was, at the age of 15, well on her way to making an adequate social and personal adjustment. This adjustment, however, will depend upon the community agencies continuing to give her the support she will need as she takes more and more responsibility for family planning. With this support Helen, because of her affection for her family, will be able to influence family patterns and help the other members adjust to community standards far better than any agency worker could.

### ***TEDDY***

Helen's increasing sense of responsibility for her family became apparent when Teddy was about to enter kindergarten. She confided to the case worker that the school would have a lot of difficulty with him if he continued to use the language he had picked up around the home and to settle all arguments with his fists. The worker agreed with Helen that Teddy would probably need some help and that if Helen wished she would talk with Mrs. Jaeger and with the kindergarten teacher.

The case worker had been aware that Teddy would need some help in his community adjustment, but with swearing and fighting accepted at home it had seemed that little could be done until he reached school and could be presented with other patterns of behavior. It was thought that, with an understanding teacher, this could be handled without threatening Teddy's security which, in spite of his outward behavior, was the result of his parents' deep affection for him.

Although Mr. and Mrs. Jaeger were unable to change their own

behavior, they were anxious for Teddy to get on well in school. When the social worker explained the need for Teddy to conform in the school setting and described some of the difficulties he might experience, they were quite prepared to support the teacher in the demands that she might make upon him. With both parents prepared to help Teddy accept school standards the worker explained Teddy's background to the kindergarten teacher. As a result, when Teddy came to school his problems were already understood and the teacher was prepared to help him in his first contacts with other children. The school social worker kept the Jaegers informed about Teddy's social and educational progress, and interpreted the school's methods of handling him, so that they did not become defensive and uncooperative.

Psychological study made during his kindergarten period showed that although Teddy had average intellectual ability he was socially immature and might profit from 2 years rather than one in the kindergarten setting. Although the advantages of Teddy's remaining in kindergarten a second year were discussed with Mrs. Jaeger she was unable to accept such a step. Both the school and the project agreed that little could be gained in keeping Teddy in kindergarten without Mrs. Jaeger's cooperation. Teddy was therefore sent on to the first grade. Both the kindergarten teacher, and project worker explained his background to the first-grade teacher who adapted the first-grade work to his needs. If he did not progress rapidly enough to complete that work in 1 year, Mrs. Jaeger might accept the decision to repeat grade one more readily than kindergarten. Failure to learn reading and numbers might have a reality for her that even the simplest explanation of social immaturity did not have. Throughout the first grade Mrs. Jaeger was kept informed of Teddy's progress so that when at the end of the year it seemed better to have him repeat the grade she was able to accept that decision without making Teddy feel that he had failed. Teddy himself was willing to stay back because other children were doing it. He had not been pushed to do more than he was able, so still had a liking for school and interest in the work. The teacher was skillful in maintaining children's interest and was able to make those who were to remain in her room another year feel that they would be of help to her in showing the new first-graders routines and procedures. In this way she counteracted any disappointment they might feel in not going on to grade two.

The way was therefore set for Teddy to develop in the early grades the social maturity and educational skills necessary for a successful

school adjustment. At the project's close it seemed possible that with continued interpretation of Teddy's behavior to both family and school he might avoid many of the difficulties that had confronted Helen and Max.

### **Allen Weske**

Young parents in their overanxiety and ignorance regarding child training many times err on the side of being too rigid in their discipline. As a result the child develops undesirable habits which increase the parents' anxiety, and very soon a vicious circle is established, the parents becoming increasingly anxious and rigid, and the child increasingly disturbed. Help given early to the parents and the child may break this circle and bring about a happier relationship, preventing permanent maladjustment and perhaps delinquent behavior for the child. The Weske family had started along this path when they became known to the project.

#### ***THE PROBLEM***

Allen, 5 years of age, was afraid he would do things wrong, and when you did things wrong you were punished. But you were punished too if you refused to do them. He felt confused. He sometimes wondered if his father and mother loved him. They didn't always act that way. They said they did but they were always telling him to do things and if he didn't want to and said so they punished him. They weren't so cross with the baby. Of course Allen was 5 years old and should do things by himself but he sometimes wished he could be cuddled and have things done for him.

Going to kindergarten had certainly frightened him. He couldn't play all the games because he might make a mistake in front of everyone. When the teacher had insisted he had screamed the way he did sometimes at home. He just couldn't seem to help it. Now they wouldn't let him come back to school. He wondered what would happen. Even though he wasn't going to school he was frightened and unhappy.

#### ***THE REFERRAL***

The Family Nursing Service had known the Weske family since Allen was a baby and attended the well-baby clinic. Mrs. Weske had from time to time complained that Allen was stubborn and didn't respond to any of her punishments. The nurse had advised her not to be so concerned and to ignore his stubbornness rather than punish him. There

had been some improvement, but the summer before he was to enter kindergarten he had become more stubborn. Then in school he had refused to enter into activities. The teacher had at first ignored him but when she thought it was influencing the rest of the room, and this year there were 50 children in the morning kindergarten, she had insisted that he participate. Allen had had such a temper tantrum that he had been sent home. Now he wouldn't return, and the school wouldn't accept him unless he could adjust. Mrs. Weske wondered if the Family Nursing Service could help her.

The Nursing Service suggested that the Community Service for Children could help her. They knew the schools well and perhaps could make some arrangements with them. Mrs. Carlson, the nurse, explained the situation to one of the project case workers, who agreed to discuss it with Mrs. Weske and see what could be done.

### *THE HOME*

The Weske's had been known to the County Welfare Board for a short time, when Mr. Weske was out of work. Unemployment had seemed the only problem. They were also known to the Family Nursing Service but to no other agencies. Mr. Weske had been born in Yugoslavia. He had maintained a fairly stable work record and, although lacking in ambition and personal initiative, seemed well adjusted. He, however, maintained a high standard of achievement and behavior for the children and was inflexible and unyielding in his demands.

Mrs. Weske was an anxious, tense person who supported her husband's methods of discipline and who had come to expect difficulties with the children.

Both the parents were anxious for help in handling Allen, particularly in regard to his school difficulties.

### *FIRST CONTACTS*

The project worker called on Mrs. Weske, who had been informed that she would come by the nurse from the Family Nursing Service. A discussion of Allen's school problem quickly led to the difficulties in managing him at home. Mrs. Weske willingly told the ways she tried to force Allen to mind and the punishments she had used, and listened with interest when the worker suggested other ways to handle him. During the first visit it was agreed that the worker would visit the school to see what could be arranged.

## ALLEN

Little direct work was undertaken with Allen. A visit to the parochial kindergarten revealed that the teacher had 50 children in her room and did not see how she could give Allen special attention. As the teacher seemed unable to change her method of handling Allen should he return, any attempt in that direction seemed doomed to failure.

The school social worker then talked with the principal of a public school to see if Allen could enter late in the term. The principal was hesitant at first because they had one or two other children who were finding kindergarten adjustment difficult, and another child with problems might be more than the teacher could manage. These children came in the morning however, so she finally decided that if Allen were willing to come in the afternoon and if the Community Service for Children would continue to work with the family, she would accept him. She hoped that before the end of the year Allen could be studied by the psychologist to determine his readiness for first-grade work.

With school plans made, the case worker helped Mrs. Weske arrange for Allen's entering under favorable circumstances. The possibility of attending the same school that some of the children with whom he played attended, was discussed casually with him. The mother was advised to assume he wanted to go and to avoid any references to his previous behavior which might suggest to him that she was fearful it would occur again. Although Allen was slightly resistant the first day when she started to dress him, the mother reported that she had ignored it and that he had gone with her without protest. The kindergarten teacher, who had been informed of his previous difficulties, allowed him to participate in the kindergarten activities that interested him and to merely watch when that was what he wanted to do. At first he merely watched during the period for rhythms, an activity in which he felt most self-conscious. Through skilled handling, however, he gradually began to participate in this and other new activities. Once or twice during the year, when the teacher pushed him a little lest his refusals become too set, he became negativistic and on the verge of temper tantrums. One day after such an occurrence he showed anxiety about returning to school. The mother and teacher together worked out a way of handling him and the crisis passed without any lasting effects.

Toward the end of the year Allen appeared to be secure enough in his feelings about school to take some psychological tests. However he



was still insecure and fearful in a strange situation, as the psychologist soon learned from his mannerisms and tearfulness. With reassurance from the psychologist, he completed the tests and showed great satisfaction over the fact that he had completed them. No definite estimate of his intellectual ability was made because the psychologist felt that his anxiety had interfered with his performance. What he did on the tests and the kindergarten teacher's impression of him suggested that he had average ability and would be able to do first-grade work. He was therefore promoted. Care was taken to explain his past experience to the first-grade teacher who continued the treatment he had received in kindergarten, so that his successful completion of first-grade work seemed assured soon after his entrance into the grade.

Throughout this time the case worker was keeping in touch with the parents and helping them to change their rigid methods by discussing children's needs with them. Allen's continued improvement was evidence of their success and they were soon pointing with pride to the way similar methods were working with the baby. As problems became less acute the worker had less frequent contacts with the home. When the project closed it seemed that the parents would be able to handle any future difficulties that might arise. Allen, in fact, was behaving as any average first-grader and no further difficulties were expected. The Weskes were given information about the Child Guidance Clinic so that, should they need further help, they would know immediately where to turn.

## Andy Herschel

Treatment of the delinquent child has long been recognized as a community responsibility and it has become increasingly evident that many community services are needed in such treatment.

For some delinquent children the authority of the court has been found necessary for successful treatment; for others, court action has been contraindicated. Andy Herschel represents a group of children whose delinquency may have serious consequences if not checked, but who can be helped without resorting to court action.

### *THE PROBLEM*

Andy was 15 years old and in the 8B grade. He was a tall, well-developed, adolescent boy with pompadour hair, irregular features, and a poor complexion. All in all his appearance was not pleasing. He was doing poor work in school and should have been spending more

time on his school work, but it was much more fun to experiment with his father's tools and electrical equipment in the shed behind the house. His mother was always nagging him about school and she certainly "lit into him" when she was in a bad temper. She obviously preferred his older brother. Andy was something like his father who was "not strict at all with the children." That annoyed his mother who was always "lighting into" his father too. Andy was shy with girls and didn't go around with them much. He had however given a good deal of thought to the subject of sex and had now become involved in an episode with some younger boys. His family and the whole neighborhood were very much excited about it; the police had been called in and he certainly was worried.

### ***THE REFERRAL***

At one of the regular visits to the police station made by the project's case worker with boys, the lieutenant in charge of the juvenile division introduced Andy's problems for discussion. There had been some previous talk in the community about Andy's behavior and now a definite complaint had come in that he had attempted to involve some younger boys in sexual activities. The complaint was a serious one and one which should be carefully investigated. Court action might be necessary. It might be that referral to the court would tend to increase the boy's disturbance, but should the offense be repeated the police department would receive severe criticism if they had taken no action. Would the Community Service for Children look into the situation? If court action did not seem warranted, would they send a written report to the police stating what treatment had been undertaken? Such a report would show that the police had not minimized or neglected the situation, should community pressures for court action become severe. It was, of course, necessary to make an immediate contact in order to determine whether or not the boy should go to court. Some disposition of the case would have to be made very soon.

### ***THE HOME***

The Herschels had previously been known to the Board of Public Welfare and the Bureau of Catholic Charities, as well as to some health agencies in the community. At one time Mr. Herschel had left the home and Mrs. Herschel had sued for separation and temporary alimony. Mr. Herschel had returned home after about 9 months and although marital conflict continued there had been no further separations. Apparently Mr. Herschel had always been attached to

his own mother and had never formed satisfying relationships with any one else, his wife and children included. Dissatisfied with his marriage, he had turned to drinking and gambling and had failed to provide his three children with any positive guidance.

Mrs. Herschel's health was impaired by high blood pressure and moderate obesity. She was extremely unstable emotionally and was nagging and uncompromising in her attitudes. Violent temper resulted when her wishes were resisted. She found Andy's older brother a much more satisfying child than Andy. Andy resembled his father and so, often became the recipient of much of her antagonism toward the father. It was the psychiatrist's opinion that Mrs. Herschel was a basically neurotic woman, who was punishing and revengeful toward all men.

### ***FIRST CONTACTS***

The worker made a home visit, introducing himself to Mrs. Herschel as coming from the Community Service for Children and as having heard of Andy's difficulties from the police. The police had thought he might be of help. At first Mrs. Herschel frankly resented the fact that the police had referred Andy. She supposed now the whole neighborhood would know about it. She wasn't going to accept all this "lying down." She'd hire a lawyer and fight the case in court. After some discussion the worker was able to quiet her and reassure her. He explained that the police were not interested in taking Andy into court but had turned the case over to the Community Service for Children in order to see if something could be done to help Andy and prevent a recurrence of his behavior. Reassured, Mrs. Herschel was then willing to discuss some of her worries about the situation and to describe Andy's anxieties and fears since his contact with the police. The worker tried to allay Mrs. Herschel's fears and assured her that many boys involved in similar difficulties made satisfactory adjustments with no recurrences, and that the sooner the family let the incident drop into the background the better. It would be advisable, however, for Andy to talk with the Community Service psychiatrist. He could perhaps help Andy clarify his thoughts on the subject of sex and answer any questions Andy might have. Mrs. Herschel thought this would be a good idea. In addition the worker would talk to Andy and the school about his work there and about his leisure-time activities. Developing new interests would be a way of helping Andy forget his past difficulties.

The worker's first contacts with Andy were of a casual nature. As there was no group worker with the Community Service at this time he first arranged with the YMCA to invite Andy and a friend to a Christmas party that was being given at the "Y." As a result of this experience the two boys became interested in forming a club of boys in the neighborhood. Such a group was formed with leadership provided by the YMCA. It was to meet twice a week, one night in the high-school gym to play basketball, and one night at the YMCA for such games as pool and ping-pong, usually to be followed by a swim.

### **ANDY**

In the course of helping the boys make these arrangements the worker arranged with Andy to see him at school. Andy already knew that the worker had talked with his mother and the police, so he was approached on the basis of the worker's wanting to get his point of view and to understand how he felt about the police incident as well as about school and his other activities.

A superficial discussion of Andy's contact with the police led to the worker's suggesting that Andy probably had many questions about sex that he would like to ask and that he might find it easier to talk with a doctor than with his parents or the worker. The doctor at the Community Service for Children understood how confused boys could get in regard to this subject and had been able to help many other boys straighten out their ideas. Andy said he would like to talk with someone but admitted to feeling some embarrassment about it. The worker reassured him further and arranged an appointment with the psychiatrist.

Andy found it difficult to discuss his experience directly but the psychiatrist was able to relieve his anxiety by correcting some of his information regarding sex and filling in gaps in his knowledge. He was also able to help Andy understand his own needs and drives and how they had resulted in his recent trouble.

After talking with Andy, the psychiatrist believed that there was little danger of his repeating his offense if he could develop new interests and leisure-time activities. Continued case-work contacts to help him work through some of his relationships at home and to give him some of the support that was lacking from his parents was considered necessary. Andy understood that he could see the psychiatrist for further interviews at any time.

In addition to arranging for an interview with the psychiatrist the

case worker talked with Andy about his school work and when Andy expressed some doubt about his progress the worker suggested that he make arrangements for Andy to take tests (psychological study) to find out just where he stood in actual achievement. At first Andy was uneasy about the tests, but when assured that they required no preparation and would help him and the school to see where his difficulties were, he decided it would be a good idea to take them. In a conference with the principal of Stoughton School the worker had already learned that the school would like to have Andy's abilities assessed.

Psychological study revealed that Andy had low-average intellectual ability and on the basis of his intelligence should be having no difficulty with his school work. Actually, however, he was found to be a year and a half retarded in his reading and arithmetic. While it seemed probable that his emotional disturbance was interfering with his school achievement and that tutoring alone would not meet his needs, some tutoring help was indicated. Tutoring in reading was, therefore, provided for a period of 2½ months. In that time the tutor not only helped Andy become more efficient in reading but also aroused in him an interest in reading which continued after the tutoring was completed. When Andy was tested again after an interval of about 6 months he had gained approximately two grades in his reading skills. Tutoring in arithmetic was also arranged but Andy made less progress in this field, possibly because it did not have the attendant satisfactions for leisure time that reading carries.

Later in Andy's treatment the question of an appropriate high-school course arose, and the psychologist arranged to have vocational tests given at a nearby high school. Andy was anxious to attend vocational high school and the tests revealed that he had ability which made him eligible for their machine-shop work. Soon after entering high school, however, Andy decided to drop out of school and, except for some training on NYA, discontinued his formal education. It was the psychiatrist's opinion that Andy's lack of interest in study was a result of his rebellion and hostility to his mother's nagging and that little would be gained by urging further school attendance.

In addition to his direct contacts with Andy, the case worker kept in close touch with the family in an attempt to modify the attitudes of the parents. Although Mrs. Herschel responded superficially there was no basic change in the attitude of either parent. The conflict between them became more noticeable as Andy grew older. Andy was involved in this conflict many times and often became the object of his mother's

ire because of his strong resemblance to his father. At one point the conflict was so great that Andy, with his father's approval, was not going home at night but sleeping at a friend's.

The case worker conferred with the psychiatrist about this situation and it was decided that the psychiatrist should interview both the father and mother.

As a result of this interview, the psychiatrist decided that little could be done to change the parental attitudes and that emphasis should be placed on helping Andy understand the situation and providing outside contacts that would compensate for some of his difficulties at home. The "Y gang" activities and the summer camp, both of which he thoroughly enjoyed and from which he gained benefit, were therefore continued.

Although it seemed improbable that the parental attitudes could be changed, Mr. and Mrs. Herschel's need for support and for assistance in handling their financial affairs suggested that a family agency might be of service to them. With their consent they were therefore referred to Family Service.

As a result of the first intensive interviews Andy became better able to handle his problems and there seemed to be no danger of further delinquency. The case-work contacts therefore gradually became less frequent and were terminated when the case worker resigned from the project. However, Andy was told that the psychiatrist would be glad to see him at any time. He took advantage of this opportunity on one or two occasions with the psychiatrist taking the initiative on a few occasions when the Family Service reported conditions acute in the home.

At the time the project closed Andy was adjusting happily in a part-time job and the psychiatrist believed that a normal social and vocational adjustment was being made.

## **Jerry Klein**

A minor and first delinquency may be the sign that all is not well with the child and that he is in need of understanding guidance. Such was the case with Jerry Klein.

### **THE PROBLEM**

Jerry was 9 years old. He had always been overactive and erratic in his behavior. His father and mother were excitable too. He had never known just what bothered him but he often had an uneasy feeling which he couldn't control. He guessed he knew the difficulty now.

He'd never seen his father so annoyed as he was the other day and it was then he had told him that he was only an adopted child. It gave him a lonely feeling to know he had not been wanted by his own mother. He guessed his father and mother (he'd call them that any way) loved him but it had certainly disturbed him for a while—it still did as far as that went. Perhaps that was why he'd gone to the Loop with those other boys and let them persuade him to steal from the store. He'd known it was wrong and he didn't really want the stuff, but he just hadn't cared.

### ***THE REFERRAL***

Jerry with five other boys had been picked up by the police stealing small articles from a downtown department store. No formal complaint was made, as it was a first offense, but the officer had informally referred the group to the probation office. As all six boys lived in the project area, the probation officer referred the group to the Community Service for Children. It didn't seem serious enough for court action and yet someone should probably look into it to see if the boys needed any help.

### ***THE HOME***

The Kleins had received financial assistance from the County Welfare Board, and Jerry had been known to the Ramsey County Child-Welfare Board prior to his adoption. Jerry was the illegitimate child of a relative of the adoptive parents. Mr. and Mrs. Klein had felt greatly disgraced by Jerry's birth. They had, however, assumed responsibility for him and had brought him up as their own child.

Both Mr. and Mrs. Klein were in poor health. Mr. Klein had "stomach trouble" and was exceedingly nervous. Much of the time he was unable to work. Mrs. Klein, although not physically ill, was nervous to the point of becoming hysterical when any trouble arose. Both were inconsistent in their handling of Jerry and, while protecting him from criticism outside the home, were overcritical of him themselves.

### ***FIRST CONTACTS***

The child-welfare worker had called on the family when she first heard of Jerry's delinquency. She had seen only Mr. Klein who said that Jerry had been punished severely for his behavior and that it would not occur again. Would the worker please not come back because it would only make Mrs. Klein excitable and uncontrolled if the matter were discussed further? Would the worker also see that no one else called?

In the light of these requests it was decided in a joint conference with the Child-Welfare Board that it would be unwise for the Community Service for Children to call upon the family. It was felt that responsibility for treatment should remain with the Child-Welfare Board, even though the Kleins did not appear immediately accessible to treatment.

Eight months later, during one of the school social worker's regular visits to Melrose School, the principal discussed Jerry's school problems with her. She had reported at the time of the police incident that Jerry was quite erratic in school and he had become increasingly flighty. If he was to continue to do passing work some change in his behavior would have to take place. Another conference with the Ramsey County Child-Welfare Board was held at this time and because the school social worker had a natural opportunity to contact Jerry and his family on the basis of his school work it was agreed that she should attempt this and that the Child-Welfare Board would discontinue case-work service.

Before contacting either Jerry or his family the school social worker visited Jerry's room at school in order to observe his behavior. Although the other children quickly ignored her presence in the room, Jerry made every effort to attract her attention. He completed very little work while she was there. A few days later the school social worker arranged to see Jerry at school. The interview centered around his school work with some short discussion of his personal interests.

With an acquaintance with Jerry and with first-hand information about his school work, the school social worker called upon the family. Mr. Klein was the only one at home. He seemed reluctant to admit the worker until he found that she had no special complaints to make but was calling to see how Jerry might be helped to do better work in school. With this as a basis for discussion he became more friendly and was quite willing to cooperate with any school plans.

### **JERRY**

After the first interviews with Jerry's family it became apparent that direct contact with Jerry would prove the most satisfactory way of helping him. Although Mr. and Mrs. Klein were both willing to talk with the worker and to have Jerry receive any outside help with his school work that might be available, it seemed doubtful whether any great change in their attitudes and methods of handling him could be brought about. A more hopeful approach seemed to be to give Jerry some outside support and to help him readjust ideas about his family



relationships. It was also necessary to help both Jerry and the school understand the reasons for his erratic behavior and to help Jerry gain more self-control.

The school social worker quickly found that Jerry had a very real need for frequent contacts with someone who would show complete acceptance of him and with whom he could discuss the many things that bothered him. She therefore arranged frequent interviews with him at school. Some days during these interviews he would be absorbed in trivialities. On other days he would be anxious to discuss the more serious problems of his family relationships. At all times the worker offered support and helped him to think in a constructive manner about whatever was uppermost in his mind.

Besides these definitely therapeutic contacts the school social worker arranged for a psychological study of Jerry so that his school program could be adequately planned in relation to his needs. Jerry was found to have good average intellectual ability but to need some help in reading, although he was not seriously retarded in this respect. His abilities and needs were explained to both him and the school and an experimental period of tutoring was made available by the project. This however was dropped because it became apparent that Jerry was too absorbed in his personal problems to use the period constructively. Further help with his personal problems was needed before help in school subjects outside the regular classroom could be profitable.

From her interviews with Jerry the school social worker also found that his recreational activities were extremely limited. A conference with the YMCA revealed that a group could be formed at the "Y" with Jerry and some of his friends as a nucleus. This proved a most useful experience for Jerry, who was given responsibility for enlisting the interest of his friends, and thus derived many benefits not only from the contacts with other boys but also from the experience of helping bring the group together. This group experience became the subject matter of many of his conferences with the case worker. Under the case worker's guidance Jerry was able to apply the experiences and insights gained in participating in this small group to the larger groups of school and community.

The case worker kept in contact with Jerry as he progressed from grade school to high school, helping him to assimilate each new experience with the least possible disturbance. As he gained confidence in his ability to handle his own problems the case-work contacts were

gradually reduced and came to a close when he moved to another State.

During the 5 years that Jerry was known to the project no further delinquency occurred. It was recognized that he would always be a rather unstable, high-tensioned person, but he seemed to have obtained a good deal of insight into his problems and to have developed some satisfactory methods of coping with them. It seems doubtful whether he would have developed these methods without help from the community and it is possible that without this help he would have made other attempts to overcome his discouragement by seeking delinquent companions.

### **Carl Jansen**

Some children, because of poor health in the family and in their own early years, have failed to develop satisfactory patterns of behavior in their preschool years and need some individualized attention from the community if they are to swing into step with other children of their age. This does not always involve intensive treatment, and for many children limited case-work contacts with a carefully planned group-work experience will prove all that is needed to help them adjust to the life of the community. Carl Jansen represents such children.

#### ***THE PROBLEM***

Carl, 9 years old and in the third grade, usually presented a disheveled appearance. In school he seemed almost unteachable because of his inability to stick to any task and his restless wandering about the schoolroom. He was continually annoying the other children with a variety of minor offenses such as an occasional pinch or hair pulling. On the playground, too, Carl did not know how to play with other children and unless everything went his way he refused to participate. With adults he behaved in a clownish manner and was continually on the lookout for an opportunity to do or say the smart thing in order to attract attention. His infantile speech contrasted incongruously with his other behavior.

#### ***THE REFERRAL***

Carl had transferred from another city to the second grade of Melrose School. Thinking that the change in school and teaching methods might account for his maladjustment, the second-grade teacher had given him a large amount of individual attention during his first year in St. Paul and by the end of the year thought some progress had

been made. However, when the next year brought the same problems with a new teacher and a complaint to the school from a neighbor that Carl had been tearing up his lawn, the principal and the teacher requested information about his background and a psychological study so that a more adequate school program could be planned.

### ***THE HOME***

Mr. Jansen was an invalid veteran who had to be hospitalized for long periods at a time because of the crippling effects of arthritis. The family was known to no agencies except WPA. Mrs. Jansen was a tense, nervous woman who was supporting her husband and Carl by working on a WPA project. Her health was not good. She was very ill at the time of Carl's birth and had had some repair operations since that time.

Carl's health had been precarious from early infancy. He had had rickets as a baby and had had frequent convulsions until 5 years of age. Frequent stomach upsets made it necessary to limit his diet and he had always been enuretic, disturbed in his sleep, and extremely nervous. Because of his poor health entrance into school had been postponed until he was seven.

### ***FIRST CONTACTS***

Carl was the first member of the family to be seen. His difficulty in learning made a psychological study an obvious first step. It was arranged with the school to have the tests given during school hours as a part of the school routine. The psychologist had become a familiar person to the children and the psychological tests had gained the reputation of being a pleasant experience, and so the suggestion aroused no anxiety.

After the psychologist's contacts with Carl, the social worker called on Mrs. Jansen, explaining that she had come at the request of the school because Carl seemed nervous and had a hard time settling down to work and getting along with other children. Mrs. Jansen herself recognized Carl's nervousness. She had tried to give some explanation of it to the school through written notes, but had found this unsatisfactory and was pleased to be able to talk to someone about him. Without any hesitation and with obvious relief she embarked upon a discussion of Carl's problems and their relation to family problems. Many of Carl's difficulties she thought stemmed from the fact that she was not at home during the day to take care of things as she should. She tried to have things for Carl to do around the house until she re-

turned in the afternoon and could supervise his activities, but she realized this gave him little opportunity to be with children and that he had really had very little chance to learn to play with others. She would be glad to have the worker talk with Carl's teacher about the home situation and to come back and talk things over further with her. She would welcome any plan that could be made for supervised activity after school.

### **CARL**

The psychological tests given Carl showed that he had average intellectual ability and a mental age above that needed for third-grade work. No specific disabilities were shown, but achievement tests confirmed the school reports that Carl was not sufficiently well grounded in first and second grade work to handle the work of the third grade. Fluctuating attention seemed basic to the poor progress he was making in school and seemed to operate particularly in the field of auditory memory. On the whole his reactions to the test situation were suggestive of social and emotional immaturity.

The results of the psychological test and the information about Carl's background were reported to the principal and Carl's teacher in a joint conference with the psychologist and social worker held for the purpose of planning his program more adequately. With the assurance that Carl had average intellectual ability and that a school program that gradually increased the demands upon his attentiveness should result in a satisfactory adjustment, his teacher and principal readily worked out a program that took into account the subject matter in which he was not well grounded and also a special interest in singing which had been reported by his mother.

The social worker made follow-up visits within a few weeks and learned that steady improvement was being noted by the teacher, who was well satisfied with the program and thought that unless some unforeseen problems arose she would be able to carry on without further help. Should Carl fail to make continued progress she would immediately notify the worker, who in turn would keep the teacher informed about any changes in the family situation as well as any group-activities program that might be undertaken. A few more visits to Carl's home revealed that the revised and more understanding program at school was already resulting in less nervous behavior at home. He was sleeping better and was not talking in his sleep or wetting the bed. Except that he still had few opportunities for contacts

with other children, his needs seemed to be being met satisfactorily.

During the time the psychological study and the analysis of his school program were under way, conferences were held with the group worker about group activities for Carl. His limited group experiences and the difficulty he had in adjusting to other children suggested that he should be provided with a protected group situation where some of his difficulties could be worked out in a more understanding atmosphere than would be possible in a less controlled situation. Immediate participation, however, did not seem warranted. It was the group worker's opinion that the protected group which Carl should join was not yet sufficiently well organized for Carl to participate in it. His initial experiences would have to be in a fairly stable set-up. From the case worker's point of view also delay was indicated. If Carl were allowed time to become better adjusted to his school program he would probably be able to handle the group situation with less tension. It was therefore agreed that the leader would develop the protected group more fully before Carl was invited to join, but that he and the case worker would keep in close touch with each other so that Carl might be admitted at the most favorable time.

An interval of about 2 months elapsed in which Carl showed steady improvement in school. Carl's mother continued to report improvement at home during this period. An invitation to join the "club" was finally given by the case worker, and arrangements were made for Carl to come to the next meeting with one of the boys from his school who already belonged.

As swimming was to be one activity of the group it was necessary for Carl to have a physical examination shortly after joining. This examination was made by the psychiatrist at the Community Service for Children and not only served the purpose of checking Carl's physical condition but also allowed the psychiatrist to get acquainted with Carl and so be better able to serve in a consultation capacity to other members of the staff, should the need arise. Actually very little additional service was needed. After the initial adjustments and conferences, both home and school felt competent to carry on without assistance other than that given through the protected group.

Through weekly participation with the group leader and other members of the club in a program of varied activities which included hikes, field trips, crafts, camping, parties, and swimming, Carl quickly learned new skills and began to develop confidence in himself, increased initiative, and ability to work and play with others without conflict.

The summaries written after 6 months' attendance and again at the time of closing the case after 18 months' attendance, indicate Carl's progress:

*Six months' summary.*—Carl has attended club meetings regularly and participated in all activities. As a club member he demonstrated skill in ball playing, model-plane building, and clay modeling. He showed some inability to persist at a task long enough to bring it to successful completion. He liked the trips best of all the club activities.

He demonstrated some dependence on the leader and a tendency to ask for help on jobs which he was capable of performing. The request would often come even after he had been shown how the job was to be done. He has difficulty in accepting group decisions that conflict with his own interests. His reaction is usually a refusal to participate for a while afterward. However, he has always reentered the activity on his own initiative when his behavior was ignored by leader and other members. Earlier he showed some fear of the wider group activity. This was shown by his choice to remain in leader's car while the other boys flew airplanes on the playground. However, this characteristic has not been evidenced on recent trips and on the Memorial Day fishing trip, worker observed that he mingled freely with persons other than the group members. He was accepted by the group but not elected to any group office. There was some evidence of his being a sensitive youngster whose feeling were easily hurt. This was noticed particularly in instances when a leader or group member would attempt to control his behavior. Twice, in conflict with another boy, tears came to his eyes when he was not getting his way.

Leader feels that Carl has a definite need for group experience. Leader's impression is that he has benefited from the feeling of security the protected group has given. New activities for Carl included fishing, model-plane building, and clay modeling. With one or two exceptions, the trips that were taken were all new for Carl.

*Closing Summary.*—At first Carl showed several problems. Among these were a strong dependency upon the leader and a strong resistance toward accepting decisions which were not favorable to him. He was somewhat fearful of the group situation. As Carl continued in the protected-group program he became better able to adjust to a group situation, learning to accept situations which were not immediately in keeping with his desires and thinking, and was more independent. Carl has been observed on the school playground and shows a capacity to adjust to groups on a less protected level than this boys' club.

The need for further protected-group service does not seem indicated, consequently Carl's case is being closed for group-work service.

In reviewing the work with Carl, which continued for 20 months, it should again be emphasized that although case-work support was given throughout and diagnostic service made available at the beginning, the group-work program and the school itself were relied upon to bring about Carl's better adjustment which at no time demanded an intensive treatment relationship.

## Chris O'Hara

Some children do not show signs of emotional injury until the condition causing it has continued for a long time and then it may be too late to prevent some of the most serious manifestations. However, by helping these children to understand the reasons for their behavior and by interpreting their behavior to others in the community, it may be possible to alleviate the effects of their emotional disturbance and gradually to turn the tide toward a better adjustment. Such a child was Chris O'Hara.

### *THE PROBLEM*

Chris, 13 years of age, was in the eighth grade in school. He had never before received such poor marks but somehow he just couldn't keep his mind on his work. It kept slipping back to his father and what his father thought of him. In fact this year everything seemed worse than at any time since his mother's death 6 years ago. He admired his father. There were few mechanics as good as he and he certainly was active in the church and demanded very high standards of behavior from all his children. But then there was this matter of his getting drunk. He didn't like his stepmother. Mike and Mary hadn't got on too well with their father; in fact, they had both run away from home. Mary had been sent away to a school and yet she was really a pretty good kid. Pauline seemed to be getting on pretty well but then she was young. Funny thing, Mrs. Gordon, his teacher, reminded him of his father—the way she insisted on all the children being exceptionally good. He really ought to stop thinking about all this or he'd never get any work done, but somehow he just couldn't help feeling unhappy.

### *THE REFERRAL*

The principal of Williams School was worried about Chris. His work had been so poor the last term that he would have to repeat the 8B grade. This was the first time Chris had ever failed and she was concerned about the way it would be received at home. She understood the father was quite unreasonable and that there was a stepmother in the home. She had talked with Chris several times during the term and although at times he had seemed near tears she had not been able to find out why he was doing so poorly. He didn't seem to be trying and spent much of his time playing or just sitting. Would the Community Service for Children talk to Chris, and also the father, to see if anything could be done?

## **THE HOME**

Inquiry revealed that the O'Haras had been known to the relief and service division of the County Welfare Board. They had been referred 6 years before by a neighbor who had become concerned when the first Mrs. O'Hara had told her they had little to eat but that her husband would starve rather than ask for help. Mrs. O'Hara had been very much depressed because she was again pregnant and did not see how they could support more than the four children they had already. Both she and the child died a few months later during delivery. She had been a warm affectionate person who had a close relationship with her children, although somewhat indulgent, and had tended to protect them from the father's harshness.

Contacts with Mr. O'Hara revealed that he was an insecure and inadequate person who showed his insecurity in rigid and uncompromising attitudes. Although affectionate toward his children when they were small, the only way he could cope with them as they grew older was by becoming distant and autocratic and demanding complete obedience and submission. He demanded high standards of behavior from his children but he himself had become seriously alcoholic after the death of his wife. After his oldest son had a job, conflict between father and son became so severe that Mr. O'Hara had ordered the boy out of the house. The oldest daughter, in her rebellion against his rigid and uncompromising attitudes, had become delinquent and been committed to the State school for girls. Both of these children had made satisfactory adjustments after leaving home, although at some cost to themselves.

Shortly after his wife's death Mr. O'Hara had married again. His second wife was completely dominated by him and made no attempt to establish a meaningful relationship with the O'Hara children.

### **FIRST CONTACTS**

Before talking with Mr. O'Hara the school social worker talked with Chris at school, introducing herself as being in the school to help the boys and girls who were having difficulty with their work. She had asked to see Chris because the principal had said his 8B work was not going very well. After some initial skepticism Chris began to talk freely about his school work. The school social worker then suggested that she see his father. Chris did not immediately veto this but began to talk about his father in a way designed to discourage the worker. He told about his father's life before he came to the United States and



what a good mechanic he was. He then wondered whether the school social worker would understand his father who spoke with an accent. He himself found it difficult to talk intimately with him. Throughout the interview it became apparent that, in spite of Chris' excuses for his father, there was some anxiety about having anyone from the school talk with him. To relieve this the worker told Chris she would not call at the home until she had seen him again. She suggested that before she talked with his father Chris might like to take some tests to see just how far along he was in his school work. Chris readily agreed and arrangements were made for a psychological study.

After several more interviews in which it was arranged with Chris that someone would talk to his father about his school difficulties, a conference was held on how best to approach the father so that he would not be too severe with Chris and would be receptive to suggestions to help Chris. There was some evidence that Mr. O'Hara had more respect for men than for women, so it was decided that the man case worker on the project should make this contact.

Mr. O'Hara greeted the worker in a friendly manner and in a superficial way discussed Chris and his other children. Although his manner showed that he demanded obedience to the point of submissiveness from his children, he gave lip service to feeling sorry that he had to deny them anything. He at no time gave any indication that he would welcome assistance in planning for Chris nor did he give the worker opportunity to suggest any change in program. The worker left without having been able to arrange any further interviews with the father, because Mr. O'Hara effectively closed all avenues to a return visit. Supporting Chris in the school situation seemed to be all that was possible at the time.

### *CHRIS*

Psychological study showed Chris to be of good average intelligence. His average school achievement on standardized tests was at his grade level. In literature and spelling he was a little below average, but his arithmetic was well above that expected in the 8B grade. There was no indication that Chris did not have the intellectual capacity or the background in subject matter to do his school work. His failure quite definitely would have to be accounted for on some basis other than intellectual limitation.

For a while there was little that could be done for Chris except to give him support in his school work by showing interest in his progress

and to arrange camp and scout activities for his leisure time. Mr. O'Hara was prevailed upon to allow Chris to attend these group activities, although he had at first refused because of the expense.

Some of Chris' difficulties seemed to be due to the fact that the teacher treated him in school as his father did at home, thus arousing a great deal of resistance. It proved impossible to change the teacher's attitudes and as a result Chris did not do well repeating 8B. However, he was promoted at the end of the term to 8A where an understanding teacher did much to make him feel secure and to stimulate him to better work.

Throughout the first year and a half, Chris' behavior in school had its ups and downs. The school social worker had frequent conferences with him, which he came to value. Chris began to discuss with the social worker some of his feelings toward his father and stepmother and to recognize that in spite of his admiration for his father's ability he was fighting against his father's refusal to give him the affection he craved.

Mr. O'Hara himself remained inaccessible to treatment and finally the conflict between Chris and his father became so severe that Chris ran away from home. The father's refusal to let him return, except on the most rigid of terms, brought the conflict to a head and with the assistance of the juvenile court, the Children's Service, and the County Welfare Board, Chris was placed in a boarding home under supervision of the Children's Service. Although his conflict with his father was now in the open and the community, including his oldest brother, was giving him support, Chris felt very guilty about having testified against his father in court. Before he could work through these feelings, he had stolen from one of his boarding homes, had run away from another, and had shown his disturbance in many other ways.

Although the Children's Service had assumed responsibility for Chris when he was placed outside the home, the school social worker and project psychiatrist worked with him in helping Chris find a solution to his problems and in interpreting his behavior to the community. At the time the project closed, Chris, 17 years old, was still under the supervision of the Children's Service. He was still in need of continued help if he was to make a good adjustment. Although it seemed probable that he would always remain unstable and be unable to develop satisfactory relationships with others, the danger of continued delinquency seemed past.

## **Ralph Morris**

Faulty family attitudes do not always result in overt misbehavior on the part of the child and are therefore not recognized quickly. Such was the situation in the Morris family.

### ***THE PROBLEM***

Ralph, 14 years old, was in the 8B grade in school and doing poor work. He had never done good work and had failed to pass one of the earlier grades. His brothers and sisters had all done well in school. He was sorry to be a disappointment to the family. It really was too bad that he was so dumb but there wasn't much he could do about it. The family seemed to be more reconciled about it now and were not bothering to make so many plans for him.

### ***THE REFERRAL***

The principal of Williams School was bothered about Ralph's attitude. Although he had never done well his work was unusually poor this year. She wondered if he were really as dull as he appeared from his school work. He was not a difficult boy in the classroom although his lack of effort and interest proved most irritating to the teacher. When you talked with him he would just smile and say nothing. Would it be possible for some one at the Community Service for Children to talk with Ralph and his family to see if anything could be done?

### ***THE HOME***

Ralph was the second of five children, three boys and two girls. Mr. Morris was a quick, volatile person who was fond of his family and provided well for them. Mrs. Morris was warm, friendly, and stable. She gave her children much security and support. Both parents appeared to be happy in their marriage. The children seemed fond of each other and got along well without more than the normal amount of friction.

### ***FIRST CONTACTS***

Before any planning could be done for Ralph it was apparent that a psychological study would be necessary to determine just how much might be expected of him in school. Arrangements were therefore made for the project psychologist to see Ralph during school hours. He showed little enthusiasm for the psychological tests although he worked at them without protest. He did not think his school work was too

hard; it just didn't interest him. He did not blame his teacher for this lack of interest on his part although he thought that he would like the teacher in the next grade better.

### **RALPH**

The psychological study showed that Ralph had from high-average to superior intellectual ability. In fact he had the mental capacity to handle school work at a tenth-grade level. His achievement in actual subject matter was, however, about half a grade below his 8B placement. Tests did not indicate any outstanding weakness, rather, general subject matter retardation. Ralph reported that he was interested in art and found it his most satisfying subject in school.

After the psychological study, the psychologist and school social worker discussed next steps. It was decided that the school social worker should first make Ralph's acquaintance and then contact his family if he seemed willing for her to do so.

The results of the tests were interpreted to Ralph. At first he showed little interest in the fact that the tests showed him to have above average ability and capable of handling high-school work without difficulty, but gradually as he was drawn into planning for his future based on the premise that he had good ability and could easily catch up in those subjects in which he was backward, he began to show a new confidence in himself. This confidence was increased by a change in attitude in both the home and the school.

When the school social worker first talked to the mother she expressed concern about Ralph's school work and the fact that he did not seem as bright as the other children. In fact the family had come to the conclusion that he was a dull boy. She was greatly relieved to learn that he had good ability. With the help of the school worker she began to see that because Ralph had been less outgoing than the other children and less demanding, the family had tended to do less planning around his needs than around those of the other children. In addition when, because of these same characteristics, Ralph did not immediately do well in school, their concern was so great that they were unable to keep it from him. He immediately sensed that they feared he was not as capable as the other children. Accepting this early evaluation of himself he continued to put little effort into his work thus confirming their fears.

Both Mr. and Mrs. Morris were eager to repair the damage that had been done. Perhaps they could offer him money for getting good

marks. The school social worker again helped them to see that satisfaction from the work itself would be necessary if Ralph was going to make continuous progress and that expressions of confidence in him and his ability would be far more effective than rewarding him with money for getting good marks.

There was no immediate change in Ralph's attitude at school and it was not until he was promoted to the next grade with a warm and understanding teacher that Ralph really began to show all-round improvement. This new teacher, capitalizing on Ralph's interest and ability in art, helped him to gain confidence in himself and to put greater effort into the subjects in which he did not do as well. Assured of his good ability, Ralph and his parents with the help of the principal and teacher of Williams School made plans to enter him in a private boys' school for his high-school work. Entrance examinations were required for the school and his teacher willingly helped him overcome weaknesses in special subjects that were a result of the poor work of previous years.

At first the project workers had frequent interviews with the parents, teachers, and Ralph, but they gradually withdrew as it became apparent that the attitude of the parents and school had changed to the point where they would be able to give Ralph all the support and encouragement that he would need.

At the close of the project Ralph had won himself a definite place in the family group and in the boys' school which he attended and there was every reason to believe that he would continue to make a good adjustment.

These are the children selected to present the project in action and to represent the 727 children who received individualized service from the staff. In order to make generalizations and draw conclusions from the experience of working with these children, an over-all view of the Community Service for Children is needed. To obtain this it will be necessary to analyze and classify the children's problems, their causes, and the treatments undertaken. It is not to be forgotten, however, that behind the statistics presented are living children with their individual problems and individual ways of meeting them.

# III

## AN OVER-ALL VIEW OF THE COMMUNITY SERVICE FOR CHILDREN

In many instances the origin of behavior problems dates back to environmental and constitutional patterns that have their genesis prior to or immediately following birth. However, the first symptoms frequently do not appear until much later and it is not until these symptoms occur that direct treatment of the child by the community can begin. Many children in need of service show no evidence of it and make no call for help, through atypical behavior. The community cannot be expected to discover these cases which even the most skilled clinician would find it difficult to identify as needing service. The community's responsibility for these children is to provide strong basic services in the fields of education, recreation, and health.

The community must be prepared to identify need and to act on the child's first signal of distress. A referral by the police may be the first time the child has attracted attention. If investigation shows that the child's adjustment in school, on the playgrounds, and in other community activities has been satisfactory, even though study reveals roots of difficulty far back in his history, the community can consider this case identified at the earliest possible date. If, however, the study reveals that the child's behavior was unsatisfactory for his age when he attended the well-baby clinic, or that he had been causing difficulty in school, but that neither the nurse nor the teacher took steps to see that he received treatment, then the identification by the community is late, and an effort to develop in these agencies a more active appreciation of the significance of early symptoms is needed. With this the criterion for early identification, the project staff first turned its attention to developing the most effective means possible of coming in direct contact with children needing service at as early a date as possible.

## Early Recognition of Problems

All individuals and groups in the community who come in contact with children, either directly or indirectly, were regarded by the project as being in a position to identify some of the children who were calling for help and in need of service. It was found, however, that many had not assumed this responsibility either because they had not been sensitive to its importance, had not considered it within their function, or had been unaware of groups other than their own to whom these children might be referred. In the project area, besides the parents and other interested individuals, the churches, schools, neighborhood organizations, playground associations, parent-teacher associations, and city-wide case-work, group-work, and health agencies, were the organizations thought to be in a position to know of children who were failing to make satisfactory adjustments. It was to them, therefore, that the staff turned for help in identifying children in need of service.

Opportunities to explain the project's purpose and plan were arranged through the local sponsors. In some instances this would take the form of a conference with an influential member of the organization; in others, of a talk to the entire group. Any opportunity to discuss the purpose of the project, the needs of children, and early symptoms indicating that these needs were not being met, was accepted. In these discussions it was emphasized that any behavior exaggerated beyond what was normal for the child's age and sex might prove the forerunner of difficulty and should be weighed as a possible indication that some of the child's needs were not being satisfactorily met. The following behavior items, if exaggerated, were considered indicative of unfulfilled needs (for definitions see appendix III):

Bashfulness	Drinking	Inattentiveness
Boastfulness	Eating disturbances	Indolence
Boisterousness	Effeminate behavior (boys)	Lack of orderliness
Bossiness	Enuresis	Masturbation
Bullying	Fabrication	Nailbiting
Cheating	Failure to perform assigned tasks	Negativism
Cruelty	Fighting	Obscenity
Crying	Finicalness	Overactivity
Daydreaming	Gambling	Over-masculine behavior (girls)
Deceit	Gate-crashing	Profanity
Defiance	Hitching rides	Quarreling
Dependence	Ill-mannered behavior	Roughness
Destructiveness	Impudence	Selfishness
Disobedience		

Sex perversion	Sullenness	Uncouth personalities
Sex play	Tardiness	Underactivity
Sexual activity	Tattling	Undesirable companions
Shifting activities	Teasing	Undesirable recreation
Show-off behavior	Temper displays	Unsportsmanship
Silliness	Tics	Untidiness
Sleep disturbances	Timidity	Violation of street-trades regulations
Smoking	Thumbsucking	Violation of traffic regulations
Speech disturbances	Truancy from home	
Stealing	Truancy from school	
Stubbornness	Uncleanliness	

It was not expected that the groups as a whole would immediately become alert to children's problems, but rather that some individuals in these groups would be stimulated to study the project's services and refer some children. The results were about as expected. Referrals came in slowly at first and the early referrals tended to be weighted with behavior problems of long standing in which the prognosis was poor and with less serious problems that were proving particularly annoying. These referrals, however, brought the project workers into direct contact with children and showed the points at which the community felt the need for help, the problems causing the greatest concern to that person or group, and the points at which it was necessary to develop a sensitivity to the less obvious, but nevertheless serious, symptoms of maladjustment.

After the first cases were referred, it was possible to use another method of developing in the community an increased sensitivity to the needs of children and the symptoms shown by children whose needs were not being met. The project found that working closely with referral sources, keeping each one informed of developments in the case, was its most effective procedure for increasing the community's sensitivity to the needs of children.

Too much emphasis cannot be placed upon the values to be obtained from a close working contact with agencies in a position to know of children with problems. Such contact not only offers an opportunity to learn more about the child and to make satisfactory treatment plans for him, but also makes it possible to bring to all the individuals concerned with his behavior a clear picture of the factors involved, and through helping them to recall some of the early signs of difficulty shown by this child, to become aware of the problems of other children before they become acute.

The experience of taking an active part in the study and treatment



of one child's behavior difficulties proves a most telling appeal for the need of identifying and treating all children with problems. When the irreparable damage that is done both to the child and the community by failure to recognize early symptoms of difficulty is seen in one example, the need for early identification of all children's problems is recognized. Therefore, with each child referred, the project staff accepted a dual responsibility: first, to work out the best possible treatment program for the child himself; and secondly, to interpret repeatedly to all individuals interested in the child, the reasons for his difficulty, the progress or lack of progress being made in his treatment, and the need for early identification of all problems.

For example, Helen Jaeger (p. 17) was known to the project staff for 5 years. During that time many conferences were held for the purpose of discussing her problems with the principal, individual teachers in the schools she attended, and group leaders and supervisors. In these conferences it was made clear that her aggressive, fighting behavior was related to her sensitivity over her family's low standard of living. As a result, when Teddy (p. 20) entered school showing the same pattern, a program was immediately put in operation to make him feel satisfied and secure in the school situation and to offset the effect of the poor social conditions under which he was living. Signs of difficulty shown by other children came to mind during the discussion and interpretation of Helen's problems and as a result these children also received help.

Over the period of 5 years from 1937 through 1941 (intake was closed in April 1942), the median age of children referred to the project dropped from 13 years and 1 month to 10 years and 5 months. Although for the individual child, age at referral is no indication of the stage of development of his problem, for a large group of children, a tendency to refer cases at an early age would seem to indicate an increased sensitivity on the part of the community to children's problems and a trend toward their earlier identification. This decrease in age at referral would, therefore, seem to indicate that the interpretative methods used by the project were effective in bringing about an increased sensitivity to children's problems in the community.

## Sources of Referral

Table 5 shows the sources from which children were referred to the project and the number and percent of referrals from each source. The large number of referrals from the public schools and the police

is a result of the project development. The appointment of a school social worker to work closely with the project staff established a channel for referrals from the schools and made possible an uninterrupted interpretation of children's needs and the project's facilities for meeting them. Similarly with the police, interest in studying the treatment of delinquency and in using administrative rather than authoritative measures led to the assignment of a project member to work with the police. The special attention given to these organizations resulted in their developing more rapidly as sources of referral. The workers assigned to them were able to explain the problems faced by children through discussing individual cases and to clear up immediately the misunderstandings which inevitably arise when organizations with varied responsibilities and with staff members whose background and training differ widely, attempt to carry on a joint program of prevention and treatment.

TABLE 5.—*Source from which 727 children were referred to the project*

Source	Referrals		Source	Referrals	
	Num-ber	Per-cent		Num-ber	Per-cent
Total.....	1734	100	Parents or family members.....	52	7
Public schools.....	349	48	Case-work agencies (including project case work).....	45	6
Parochial schools.....	16	2	Court.....	25	3
Police.....	152	21	Health agencies.....	15	2
Group-work agencies (including project group work).....	62	8	Interested individuals.....	15	2
			Churches.....	3	(2)

<sup>1</sup> 7 children were referred simultaneously from two sources.

<sup>2</sup> Less than 1 percent.

## SCHOOLS AND LAW-ENFORCING AGENCIES

Although emphasis was placed on work with the schools and the police it was recognized that there were other sources of referral in the community. During the early days of the project, particularly, attention was given to interpreting to all groups in the community the purpose of the project and the desire of the staff to work closely with them. With a limited number of staff members, however, it was impossible to assign a person to work as closely with every group as with the schools and the police, and as the increased referrals from these two sources began to make more demands on all members of the staff, less and less time was available for intensive work toward obtaining an increase in referrals from other sources.

This trend toward emphasizing referrals from the schools and police presented a very real problem in intake policy. Should the number of cases accepted from the police and schools be limited so that other community groups could be developed as referral sources, or should no limitation be placed on school and police referrals and the less active participation of other potential referral sources be accepted?

Several reasons led to a decision against limiting referrals from the schools and police. It was felt that more was to be gained by directing attention to the needs of the children already being referred, than by putting additional effort into overcoming lack of interest and resistance in other areas, especially when this did not mean that these other sources would be neglected. All sources were continually encouraged, through day-by-day contacts, to refer children, even though it was not possible to give one worker a special assignment in each area.

The function of the schools and police as referral sources also influenced this decision. The schools are the agency with the most complete coverage of children in the community. Not only are the schools in contact with the greatest number of children in the community, but they are also in a position to observe these children as they face their day-by-day tasks and are thus able to identify more readily than others the early symptoms of maladjustment. Although other agencies in the community are also in a position to identify some early problems, many of the children they know could also be identified by the schools, if the teachers are sufficiently sensitized to the need. For example, Jerry (p. 30), was referred to the project by both the police and the school, and Allen (p. 22), although referred by the Family Nursing Service, showed his disturbance clearly in the school situation.

The police contact with children, on the other hand, differs markedly from that of the school. Instead of observing the child in his day-by-day activities and seeing his normal reaction to both children and adults, to success and failure, and to the minor frustrations involved in daily living, the police officer sees the child as he reacts to an isolated incident. Without careful study the police are not in a position to determine whether or not a first offense is indicative of a long-standing unfavorable pattern of behavior.

For example, the police knew Jerry only as one of a group of six boys involved in stealing small articles worth \$2.50 from stores in the Loop, while the school knew him as a flighty child, unable to complete his work, and always carrying a chip on his shoulder. The police saw him in relation to but one incident; the school could view his continuing

pattern of behavior and therefore assess his need for service more accurately.

These two sources, therefore, from which the greatest number of referrals came, represented agencies with quite different contacts with children. Other sources appear to be similar to one or the other of these. The homes and group-work agencies, like the schools, see the child in his normal day-by-day activities and seem to be in a position to make early and meaningful referrals of children with problems. The courts and case-work and health agencies, like the police, have less direct contact with children in their daily activities. These differences in their contacts with children suggest that the homes, churches, schools, and group-work agencies might logically be called primary referral sources, while the police, courts, and case-work and health agencies might be considered secondary referral sources. Although recognizing the many variations that would exist between the referral sources of each type, the outstanding similarity suggested that information obtained in developing schools as a referral source might have application to other primary sources, and material obtained from studying the work with the police to other secondary sources.

The decision not to limit school and police referrals was also influenced by the obstacles met in developing some of the other sources, obstacles such as strong personal convictions growing out of traditions and philosophies at variance with the project's practice, which in all probability could be overcome only through a change in personnel or an intensive, interpretative type of contact over a much longer period than was available to the project staff.

### *HEALTH AGENCIES*

A friendly and cooperative relationship developed between the project staff and the Family Nursing Service. Being located in the same building brought the advantages of informal as well as formal conferences, and a general familiarity regarding the work of both agencies on the part of the client. It was soon apparent that many children in need of services could be located through the clinic and, although the actual number of referrals to the project was not great, there was ample evidence of the value of this cooperative relationship in individual cases. Allen (p. 22), for example, had been known to the Family Nursing Service since his birth, through the well-baby clinic. When he was about one and a half years old his mother had complained of his stubbornness. The nurse advised ignoring this behavior and, if

punishment was necessary, denying him something or putting him alone in his room rather than spanking him as the mother had been doing. Providing opportunity to play with other children was also stressed. This advice worked well for a while. Allen appeared to be developing into a healthy, active, and friendly child. When he was about four, however, the mother again complained that he was difficult to manage and seemed deliberately perverse. The nurse gave further advice about handling him, cautioning the mother against nagging him, advising plenty of rest, and interpreting much of his behavior as a need to assert his independence. Throughout the next year there was further evidence that the mother was unwise in her methods of child training and Allen reacted by being "sassy," fighting, and screaming. The mother thought that his entering school would be a solution to some of her difficulties. However, when the same pattern of behavior occurred in kindergarten with temper tantrums occurring at all points of frustration and with refusals to participate in group activities a daily occurrence, it became apparent that both mother and child needed to have their problems more carefully analyzed than could be done by the nurse. Referral to the project staff was therefore made at this time, with the nurse explaining to the mother the service that she could obtain.

The benefits of close association with the Family Nursing Service were observed in other ways. Help was given in making plans for children known to the Family Nursing Service through formal and informal conferences with the nurses without referral to the project. On clinic days, for example, arrangements were occasionally made whereby parents could drop in to the project offices as an extension of the well-baby clinic service rather than as a direct referral. The parents themselves, because of the common location, were often led to inquire about the services offered by the project and to ask advice about a camp placement or some group activity for older children in the family. In this way the project was able to bring service to children already facing difficulties and also to further its preventive work by helping parents meet the needs of all their children.

The intangible nature of many of these benefits makes it difficult to measure them in any quantitative terms. The actual number of cases referred was small owing to a number of factors. Perhaps most important is the one already mentioned in relation to police and school referrals. Arrangements for adjoining offices for the Family Nursing Service were not made until the project program had been under way

about 2½ years. During this time effective channels to the children in the community had already been established through the schools and the police and the accumulating work left neither time nor staff for intensive work on all the problems that arose through this close association. The presence on the staff of the Family Nursing Service of a nurse trained as a psychiatric social worker, to whom the other nurses could go for advice in handling behavior problems, also lessened the need to refer cases outside the agency. Although the St. Paul experience produced little in measurable terms to indicate the values of close association between the health and social services in a community, the benefits received in individual instances indicate that coordination in these fields should not be neglected. In a community where it is not immediately possible to establish contacts through the school, contacts through the health agencies may prove the initial step to be taken in reaching children in need of service. It seems probable that as both preventive and corrective health services become available to an increasingly larger number of children and as greater insight into the close relationship of physical and mental health develops, the health agencies of the community may well be one of the major secondary sources for identifying children with problems.

### *PARENTS*

The child's parents and other persons intimately associated with him are in a key position to note the early signs that all is not well with him and to seek help in solving his problems. The project staff recognized this and accepted every opportunity that was offered to talk to groups of parents, such as the parent-teacher associations. The staff believed, however, that parental education is a long-time program that must be undertaken not by one special group in the community on a lecture basis but by all professional groups who are in direct contact with children. It therefore considered time spent in interpreting children's needs to the schools and other agencies a part of its parent-education program. The agencies in direct contact with all parents are in the most strategic position to influence large numbers of them and to give direct help either through their own resources or, when necessary, by referring them to other appropriate service sources.

Although the project made only an indirect approach to parent education, 67 children, or 9 percent of the total number known to the project, were referred directly by parents or other interested individuals knowing the child. Aside from the schools and police this was the

largest number referred from any one source and suggests that the direct and indirect methods used by the project were yielding results. The project believes that by helping these parents and the parents and children referred from other sources it made a more lasting contribution to parent education in the area than could have been made by a more formal approach.

### **CHURCHES**

The churches of the community referred only three children to the project, if referrals from parochial schools are excluded from this category. Although contacts were made with the churches and cooperative treatment plans were worked out they did not turn to the project to any extent for assistance in planning for the children whom they knew. This may have been because the churches in the area drew their congregations from many sections of the city and so had city-wide rather than neighborhood affiliations. Perhaps there would have been more referrals if one worker could have been assigned to interpret the work to the churches.

### **Use of Services**

In accepting an over-all responsibility for children with behavior problems, the project staff adopted exceedingly flexible procedures for study and treatment. This flexibility is seen in initial interviews where no formal plan was followed. The first contact was made with whichever member of the family seemed most accessible and to whom the approach seemed most natural. Sometimes it was the child himself who was approached on a basis of his school work or recreation; at other times the parent seemed the logical person to contact. The interviews took place in whatever appeared to be the most natural and convenient setting. The home, the school, or project office was used for initial and later interviews according to the client's desires or needs and the best interest of the case.

Neither the number nor the order of the treatment services was predetermined. Every attempt was made to give the service needed at the point where the client was best able to use it. Group work might be introduced before case work, psychological service might be first or last, all services or any one service alone might be used according to the demands of the case. Where more than one service was involved, major responsibility was assigned to the staff member who seemed best equipped to meet the needs of the total situation. Responsibility

might be transferred to another worker, should the child appear ready and the total situation indicate that such a change was for his best interest.

Table 6 shows the ways in which the 727 cases given individual service by the project are distributed according to the number of services used, and the combinations of services which the project workers found useful in carrying out their program. In some instances other community services not available from the project staff were also used. All five of the project services were made available for Helen (p. 17), Andy (p. 25), and Jerry (p. 30). Four services, psychiatric, psychological, case-work and group-work, were introduced during the treatment of Chris (p. 39). Carl's (p. 34) and Allen's (p. 22) treatment included three services, psychological, case-work, and group-work, and psychiatric, psychological, and case-work, respectively.

The work of each service was also adapted to meet the needs of the particular case in order to bring about the most effective interplay of all the services in a unit approach to the problem. This interplay of service

TABLE 6.—*Combinations of services used for 727 project children*

Combinations of services	Children	
	Number	Percent
Total.....	727	100
5 services: Psychiatric, psychological, case-work, group-work, tutoring.....	25	3
4 services.....	88	12
Psychiatric, psychological, case-work, group-work.....	50	
Psychiatric, psychological, case-work, tutoring.....	23	
Psychological, case-work, group-work, tutoring.....	15	
3 services.....	113	16
Psychiatric, psychological, case-work.....	52	
Psychological, case-work, tutoring.....	24	
Psychiatric, case-work, group-work.....	19	
Psychological, case-work, group-work.....	18	
2 services.....	207	29
Psychological, case-work.....	131	
Case work, group-work.....	42	
Psychiatric, case-work.....	18	
Psychiatric, group-work.....	10	
Psychiatric, psychological.....	2	
Case-work, tutoring.....	2	
Psychological, group-work.....	1	
Psychological, tutoring.....	1	
1 service.....	294	40
Case-work.....	224	
Group-work.....	43	
Psychological.....	17	
Psychiatric.....	10	



is important to keep in mind as each service is viewed separately. For here, in a small unit with each staff member in close touch with the activities of other members, it is the total contribution to the child or the community that is important rather than the contribution of the individual service. In such a unit each service can be asked to make a contribution as part of a total program for children, with no one service being looked to for the complete program. At all times the support and contributions of all the services were immediately available and their effective interplay guaranteed without the cumbersome machinery of interagency referrals and the functional limitations imposed on separate agencies.

The numbers of children receiving the different types of service were as follows (unduplicated totals are given for the major groupings):

Psychiatric.....	209
Consultation.....	187
Diagnosis.....	89
Treatment.....	74
Psychological.....	360
Consultation.....	158
Clinical.....	337
Case work.....	654
Group work.....	217
Supervisory.....	134
Consultation.....	89
Leadership.....	37
Referral.....	10
Tutoring.....	90

It will be seen that case work, in most instances, permeated the whole treatment program. Except in unusual circumstances, all referrals were made to the case worker who determined the immediate steps to be taken on the basis of the referral and preliminary investigation. If the problems involved appeared likely to respond to the services that the case worker could offer, other members of the staff would not be called in. Situations which did not call for other services included those where some change in the environment was needed or where the cause of the trouble could be clearly seen and the treatment was primarily a matter of explanation to the child or family.

When services beyond those that a case worker could give were needed the workers best equipped to give these services were called upon to adapt their service to the needs in the case. Psychiatric service, for example, might be given in the form of consultation or diagnosis

or as treatment. When intensive psychotherapy for a seriously disturbed child was indicated the psychiatrist would assume responsibility for treatment. These cases were, however, purposely limited in order to leave the greater part of the psychiatrist's time free to serve all members of the staff in a consultative or advisory capacity. Working in this capacity the psychiatrist might have a series of interviews with a worker responsible for treatment, in which material brought out in the interviews with the client would be reviewed and suggestions made for further treatment.

The material might be brought to the psychiatrist by the case worker, the group worker, the psychologist, or the tutor. If a psychiatric interview seemed necessary the worker would arrange for such an interview. This would not be for the purpose of transferring the treatment responsibility but merely to obtain the psychiatrist's opinion. In these interviews the psychiatrist, in addition to making a diagnosis, would help the client, whether child or parent, to see how he might use the case-work interviews or group-work experience to better advantage, thus strengthening the client-case-worker or client-group-worker relationship. This use of psychiatric services for diagnostic and short-time contacts, with the more prolonged treatment interviews carried by other workers, proved a useful technique and one which the project believes warrants more frequent use in the face of the limited number of psychiatrists available to communities at the present time.

Andy (p. 25), for example, was referred to the project because of sexual misbehavior. The case worker, after preliminary study, decided that Andy would benefit from a discussion of his problems with the psychiatrist and that a psychiatric opinion regarding the significance of this behavior in relation to Andy's total adjustment was needed. Treatment was then continued by the case worker on the basis of the psychiatrist's advice. Later, when Andy's conflict with his mother became more apparent, further psychiatric interviews were arranged for him and his mother in order to give them both more insight into the situation. The case worker, however, carried on the long-time treatment program.

Psychological service was also used in a variety of ways. Detailed psychological studies were made of many of the children. Intelligence, aptitude, and achievement tests, and techniques for assessing personality were used, as needed, to arrive at an understanding of the individual child and his reaction to the environment in which he lived. In cases where emotional and learning problems were closely related

or where the psychologist's contact with the child seemed the most natural basis for a continuing relationship, direct treatment was carried on. As with the psychiatrist, this latter function was limited to a few cases so that time could be made available to other members of the staff for consultation and interpretation. The psychologist was also available to teachers and other community workers for consultation and interpretation and in this way contributed to planning more satisfactory methods and techniques for helping an individual child develop his aptitudes. Conferences were also held with the psychologist for the purpose of evaluating test material available from other sources. Such conferences many times led to an effective plan of treatment without the psychological study.

Tutoring was also done under the supervision of the psychologist, as a therapeutic measure and to demonstrate a needed service in the schools. Although the project recognized the school's responsibility for a program of this kind, the number of children needing such service in conjunction with other therapeutic measures made it necessary for the project to provide it. Whatever the cause of retardation, except in cases of limited intellectual capacity, specific academic help is necessary in most instances to the final success of the treatment.

Graduate students in education and psychology at the University of Minnesota, specializing in remedial work, as well as qualified volunteers and, where possible, paid tutors were used for this service. Although there were never enough tutors to meet the demand, the service was used not only in cases of severe academic retardation but also wherever the child and family saw the problem as one of school achievement, even though study showed that poor achievement was due to other factors than difficulty in learning. In all instances the tutoring was closely related to the total program and the child's relation to the tutor considered as important a part of the treatment as the academic techniques he was learning.

Group work, which will be discussed later, was used by the project in a number of ways. In some instances, the staff group worker's relation to the child's problem was that of supervisor, the child's actual contact being with a volunteer, WPA, or student leader working under her direction in cooperation with the rest of the project staff. In other instances, the group worker herself served as leader of the child's group and contributed directly to the child's treatment in cooperation with the case worker and other members of the staff. Where the cooperation of some community program not under the project's supervision

was needed, the group worker served in a liaison capacity between the project and other agency. The group worker also gave consultation service, advising other members of the staff as to the child's readiness for group participation and his progress.

### **First Contacts With the Child's Problem**

Agencies whose intake is limited to persons who request assistance do not encounter the same problems as those who assume responsibility for the identification of maladjustment and for taking the initiative in determining need for service. Some agencies place responsibility for recognizing need and seeking help upon the client in the belief that only then is he ready for treatment. Other agencies, where the demands for service are great and the resources limited, insist upon assurance of the client's cooperation as one method of limiting intake. A broad preventive program, however, must face the fact that the client himself and his family are often poor judges of need in its early stages, and that a strong resistance to treatment is often found in seriously maladjusted individuals. Such a program must in some way reach those individuals who through fear, ignorance, or indifference are unable or unwilling to seek help for themselves.

The first step taken by the project to reach such children was to make the community more aware of early symptoms of maladjustment. However, referrals from the community at large served as a rough screening only and brought in many children in whom exaggerated behavior was observed but who were not in need of service beyond that which the home and school could give. It is the meaning of his behavior to the child, rather than the behavior itself, that shows the seriousness of the problem. Two children may break a street light but there is a difference in the seriousness of the act if one impulsively hit the light because it seemed a good target while the other saw breaking it as an opportunity to show his disregard for all rules and authority.

Many of the community organizations referring children were found to need assistance in determining the implications of such behavior. They were able to supply information needed in discriminating between a child whose deviation in behavior was on a minor and temporary basis, such as laxness in supervision because of illness at home, and one whose behavior was symptomatic of problems and conflicts beyond his power to solve, such as being unwanted and unloved, but many of them

were not equipped to make these determinations themselves. Skilled case-work service was needed.

The project workers many times made their first contacts with a case when this need was first apparent. They would proceed in this way: in addition to the usual procedure of obtaining information through the social-service exchange and making contacts with any social agencies that had previously known the child or family, the project case worker went to many other groups in the community in order to secure the greatest amount of information possible. Schools, group-work agencies, and any others with occasion to know the child well were consulted. At this time it might be learned that the child was showing signs of disturbances in other areas than those noted in the referral, even though the disturbances were not sufficiently outstanding to warrant investigation. The playground supervisor or group leader might know other children in the family and give a picture of the child's relations with them, that would help in deciding on the seriousness of the problem.

Such a study might show that the problems the child was facing were being handled adequately, or that the behavior noted was a reaction to an isolated incident and could not be considered the forerunner of trouble. In that event the case worker would explain her findings to the referral source and work out with it ways in which to help the child during his temporary difficulty without calling in outside assistance. Such a study might, however, show that there were many disturbing factors in the child's background and that the observed behavior was the first indication of the child's inability to handle his problems. If this was the situation, the next consideration would be how best to make a contact with the child or family.

In some instances where the child appeared to need outside help investigation revealed that the child and family were also aware of their problems and although not seeking help, would welcome an opportunity to talk with a worker who could advise them. In other instances, the very presence of these problems made the family or the child resistant to help and resentful toward anyone offering it. These latter cases often appear inaccessible and for that reason are left untreated until the situation becomes so acute that law-enforcing agencies are called in or other drastic steps taken. It is true that in such cases initiating treatment is often very difficult and the response to treatment more limited than in those in which the parents or child are asking for

help. However, the child's need is no less real on that account and the community's responsibility is perhaps greater than where the parents are prepared of their own accord to take constructive action. Both the child and the community suffer when action is postponed. The child's maladjustment becomes more set and more difficult to overcome. If he remains in school needless time and effort of the teaching staff must be expended in coping with his misbehavior. Other children frequently are unfavorably affected and if the child's maladjustment takes an aggressive form, the community may suffer many annoyances and damage to persons and property through his activities.

In the experience of the St. Paul project many of these children and families who had resisted offers of service proved responsive when approached with sufficient flexibility and understanding and it was often possible to give real help prior to the breakdown which appeared inevitable unless some service was received. Even though the child and family might be facing a problem with serious social implications, it was often better to make the approach on the basis of the child's leisure-time activities or academic difficulties. Parents who were unable to face the fact that they could not control their child's quarrelsome behavior were often willing to discuss his academic problems and cooperate in a program that offered help in this field. Parents unable to face the possibility that their child was involved in stealing might be concerned over his lack of friends and accept assistance in planning a constructive leisure-time program for him. The fact that the problem on which the child and family were willing to receive help was not the problem which appeared most serious to the community was no reason for not approaching them on that basis. With any approach at all the worker might be able to establish himself in the family as someone able to help, which would be a long step toward solving the more fundamental problems.

In Jerry's case (p. 30), for example, the county child-welfare worker had called upon his adoptive parents regarding the police complaint of stealing. Mr. Klein had been quite unwilling to discuss this beyond saying that Jerry had been punished and that he was sure nothing further of the kind would occur. He asked the worker not to contact Mrs. Klein because she would be so disturbed and also asked that no one else call about Jerry's difficulties. After this it seemed unwise for anyone from the project to approach the family. The Community Service worker, however, explained Jerry's behavior to the school in the

light of information obtained from other agencies. Later, when Jerry showed increasing disturbance in school, some further contact with him and his family seemed necessary. Since approaching the family on the basis of Jerry's poor behavior had proved ineffective this worker first talked with Jerry at school and then, armed with her knowledge of his school difficulties and on the basis of her personal contacts with him, she called upon his family. The following excerpt from the record describes the approach made at this time and shows its effectiveness:

The project worker called at the home in the afternoon. Mrs. Klein was working, Mr. Klein however, was at home. At first Mr. Klein said that he could not talk to the worker, that he was in no condition to talk to anybody. Then he asked why she came. When she explained that she was from the school and was interested in Jerry because she thought he had considerable ability and would like to help him do better work, Mr. Klein said, "If that is what you want and you are not coming because there is more trouble, come on in and talk to me." He did not invite the worker to sit down, nor did he sit down himself, although he talked to her continuously in a rapid manner for almost an hour. He told of his own life, the fact that he had grown up in Europe, had joined the Navy, and had traveled all over the United States. He said that he, himself, was not able to work because of arthritis and a serious heart condition. Mrs. Klein was very nervous, too. Mr. Klein did not think that either of them could help Jerry with his school work, but it might be possible for his daughter-in-law to do this. She had had a fairly good education and often read with him now. She lived about three doors from the Kleins and was considered very calm and patient. He went on to tell about his own son and daughter. He said that none of his children had done well in school, which he could not understand for he had often helped them with their work. He told of a number of instances when he had done so. He spoke of Jerry's being adopted. He thought that his wife spoiled Jerry and was too wrapped up in him. Mr. Klein thought that Jerry was poorly trained, ill-mannered, and too boisterous. All he thought about was play. Finally, before the worker left, he said that he could help Jerry with his geography and asked the worker to come back again to talk with him and his wife.

Thus the stage was set for further contacts in which still other problems might be discussed.

Other services were also useful in developing these early contacts. The psychologist, as she helped the child understand his academic abilities and make vocational plans, was in a position to discuss with him other interests and the factors that might be thwarting them. An interview arranged to determine academic needs might well end in a discussion of attitudes and problems, perhaps initiated by the child himself, and open the way for further interviews on problems more fundamental than academic achievement. The interpretation of the

test results in terms of the child's ability was also used to overcome the resistance of parents and such a discussion often developed into a consideration of all phases of the child's adjustment.

The child's health needs provided still another avenue of approach; arranging for medical examinations at a clinic or for a discussion of health problems with the psychiatrist, as a physician, often made an acceptable basis for contacts that later developed into a discussion of all areas of the child's life. Any method of approach that offered a tangible service which the parent and child could understand, but which did not threaten their security, proved effective.

Although in many cases barriers could be broken down by careful preliminary planning there were, of course, cases where all avenues of approach seemed blocked and where the project workers found it necessary to wait for some change to take place or for a crisis to arise before attempting treatment. This delay was preferable to a continued effort that might antagonize the child and family to a point where the worker would be unable to help them when the situation became acute and the family realized its need for service.

## **The Causes of Maladjustment and Its Treatment**

The project's responsibility to children in the area involved serving them in many ways. For some an intensive treatment program was developed, for others the service given was extremely limited. Because these latter services are often intangible and difficult to measure there is danger of minimizing their importance in a program of prevention and yet the demand for them, as shown in table 7, is great.

In table 7, the 727 children given individualized service by the project are classified in six categories, according to the service given. It will be seen from the table that only 59 percent of the children known to the project could be considered to have been treatment cases, the other 41 percent being more accurately placed in other categories. It is, therefore, important to consider what other types of service a program designed to prevent maladjustment in children was called upon to give.

Consultation and referral service to agencies not provided with a wide variety of specialized services became an important function. Agencies without psychiatric, psychological, or group-work service called upon the project to give consultation service in these fields and to recommend next steps in treatment. Parents, not knowing of all the services available in the city, called upon the project for advice and



TABLE 7.—727 project children by nature of total service received

Nature of service	Children	
	Number	Percent
Total.....	727	100
Children referred for study.....	693	95
Intensive treatment service.....	191	26
Limited treatment service.....	241	33
Consultation and referral service.....	117	16
Specific diagnostic service.....	49	7
Investigation service.....	95	13
Children referred for special activities.....	34	5

assistance in contacting the appropriate agencies. This type of service was requested for 16 percent of all the children known to the project.

Requests would be made for interviews with the child or parent for the purpose of making a diagnosis. The request might be for the psychologist to determine the child's intellectual capacity or for the psychiatrist to determine the significance and seriousness of the child's disturbed behavior. Seven percent of the children received this type of service only.

Thirteen percent of the children referred to the project were found either to need no treatment or to be inaccessible to treatment. However, since this is not immediately obvious even to the trained eye, time was taken to make an investigation. In many instances the investigation included contacts with the child or the family in the course of which information relative to a better understanding of children, to the community resources for recreation, or to medical-care programs might be given which, although resulting in no immediate action, may have proved of value to the family later.

Five percent of the children given individualized service could be best characterized as nonproblem children. These were the children who, needing no therapeutic or diagnostic service, became interested in some aspect of the project's work specially designed for treatment purposes. For example, the friend of a child belonging to a protected group might wish to partake in these activities and such participation might be considered for the best interest of the group. Or a camp placement might be arranged for a sibling of a child receiving treatment from the project. Assistance in developing educational plans might be given, not because the child was having difficulty but merely because he or his family asked for assistance.

All these services, which were requested of the project during its activities, seemed to the project staff to be indicative of service needs in the community.

It was the 432 cases that received either intensive or limited treatment that the project studied in making its analysis of causes of maladjustment and the treatment necessary. Intensive treatment included those cases in which treatment was carried on over a long period of time, with a wide variety of services, or at a deep therapeutic level (which however did not include psychoanalytic techniques). Limited treatment included those cases in which treatment was limited either in length, variety, or intensity of the service rendered. Typical of this category are cases treated for a specific educational difficulty or some other problem limited to a specific area of the child's life, cases inaccessible to intensive treatment, or cases given individualized group-work treatment with no other service. In both types of treatment information collected over a long period of time was available for study.

Academic difficulties, conflict with authority, social withdrawal, stealing, and the other reasons for referral shown on page 47 are but the symptoms of maladjustment, the signs suggesting that somewhere in the course of his development the child has been thwarted or deprived. A successful treatment program must determine for each child what these developmental factors and influences are that have caused his maladjustment and how they can be changed or made ineffective. It must ask "Why is this child failing in school? Why does he fail to perform assigned tasks? What is behind his conflict with those in authority—his defiance, impudence, stubbornness, and sulkiness?"

There will be almost as many answers as there are children as can be seen from the summaries that have been presented. His foster father's rejection and his foster mother's over-protective and restrictive attitude playing on his own unstable make-up are clearly causes for Jerry's behavior difficulties (p. 30). The parents' incompetence, alcoholism, and low cultural and social standards, the deteriorated and highly delinquent neighborhood in which she lived, and the inadequate family income have all left their marks on Helen (p. 17) who has felt the difference between her home and the homes of other children, and because of an underlying affection for her mother has been torn between a desire to protect and help the family and a desire to live a life comparable to that of her associates.

It is necessary to study for each child the individual variations in the causes of maladjustment in order to obtain a clear picture of their

interaction and to understand the meaning to the child of the total situation. Some classification of the causes, however, is necessary in order to see what services must be available to eliminate or make ineffective these conditions. The project grouped the factors basic to the children's problems under seven headings,<sup>5</sup> three of which—intelligence, personality deviations, and health—were considered inherent in the child's own constitution, and four—education and training, family influence, economic influence, and community influence—as being external influences which reacted unfavorably upon him. The factors included under these categories were as follows:

*Intelligence.*—The child's mental capacity as shown by intelligence tests, school achievement, special disabilities, and other factors depending upon intellectual functioning as it relates to his problem.

*Personality deviations.*—Emotional instability, emotional immaturity, neurotic trends, and other factors which indicate deviations in personality development which are basic to the child's problems.

*Health.*—All factors relating to the health and physical make-up of the child, presence of disease, physique, nutrition, and specific physical handicaps as they relate to the child's problems.

*Family influence.*—The family circle in which the child lives and has developed; cases of discord, lack of harmony, rejection, oversolicitude, mental disease, poor social standards, and similar factors that have reacted unfavorably upon the child.

*Education and training.*—The adequacy, continuity, and consistency of the child's training outside the home; cases where there is lack of cooperation between the school (or other institutions concerned with the training and supervision of the child) and home.

*Economic influence.*—The family income and its adequacy in meeting the family needs as related to the child's problem.

*Community influences.*—The type of community in which the child lives, the educational and recreational resources, standards of behavior and culture as they would affect the child and his problems.

The project's experience shows that, although occasionally a child's difficulties may spring from a single cause, in most cases they are traceable to a combination of factors. In fact 72 different combinations, including instances where one factor alone was responsible, were found

---

<sup>5</sup> Although some changes and omissions have been made the seven categories are similar to seven of the eight factors used by Carl R. Rogers in his Component-Factor Method of Diagnosis. See Rogers, Carl R., *The Clinical Treatment of the Problem Child*. New York, Houghton Mifflin Co., 1939. pp. 40-60.

basic to the problems of the 432 children carried by the project for either intensive or limited treatment. Helen's difficulties (p. 17), for example, could be traced back to family, economic, and community influences as well as to some deviations in her own personality; while Jerry's (p. 30) appeared to have their origin in family influence, personality deviations, and education and training.

Table 8 shows the number of times each factor was considered one of the causes of maladjustment among the 432 children given treatment. With family influence and personality deviations each considered a basic cause of the problem behavior for more than three-fourths of these children—in fact one or both of these factors are present in all but 29 of the cases—the need for direct treatment of the family and the child is definitely indicated. It is apparent that without this, even though adequate financial assistance, health programs, educational, recreational, and other community facilities are provided, the community will fail to meet the needs of many of its children. This need is further emphasized by the fact that for 80 children, or 19 percent of the total group, no other factors were considered basic to the problem. In this latter group family influence and personality deviations, alone or interacting one upon the other, were the factors that had to be changed or made ineffective through the treatment program. For these 80 children, the major treatment needs were not of a material nature but were in the more intangible realm of personal relationships. Service to this group had to go beyond changing the child's environment.

TABLE 8.—*Distribution of factors influential in causation of problems, 432 children*

Causal factor	Children		Causal factor	Children	
	Number	Percent		Number	Percent
Family influence.....	368	85	Intelligence.....	105	24
Personality deviations.....	327	76	Health.....	93	22
Economic influence.....	157	36	Community influences.....	85	20
Education and training.....	129	30	Undetermined.....	28	6

In order to help Chris (p. 39) whose problems were the result of family influence and personality deviations the worker had to do more than provide financial assistance. As a matter of fact this had already been taken care of before Chris came to the attention of the Community Service. The worker could not expect camp or recreation to solve the problem, although these proved useful adjuncts to the treatment program. He could not look for a change in the school curric-

ulum to bring about a change in behavior, for although Chris was failing in school his course of study had been adequately planned. He had to be able to talk with Chris' father about the father's own feelings and his dissatisfactions with his own life. He had to understand how these were related to Chris' problems. He had to help the father understand this and, if possible, change the attitudes that were detrimental in his relationship to his children. He had to gain Chris' confidence and help him express his feelings and bring into the open his antagonism toward his father, and the reasons for it. He had to understand that Chris' conflicts with authority were ways of expressing his resentment towards his father's rigid attitudes and failure to give him the love and affection he desired. He had to help Chris see the relationship between his aggressive behavior and his basic unhappiness, help him understand the reason for his father's behavior and work out ways of relieving his own anxiety without hurting himself or others. In doing this, the worker had to talk in terms understandable to a boy of 13. He had to talk with the boy in terms of his interests and experiences and then to interpret his behavior to the school, the police, and others in terms of their interests.

Some of the families needed material assistance as well as help in their personal relationships. For the 295 children whose problems were due to material needs as well as family influence and personality deviations, emphasis had to be placed on providing adequate financial assistance and improved conditions in the community as well as on personal relationships. For some of this group the material needs were the basic ones and when met the interpersonal difficulties responded to less intensive treatment. Other families required intensive treatment of personal relationships along with material assistance. The 29 children whose problems were not due to adverse family influence or personality deviations appeared to need some alteration in their environment and with this assistance were able to work out their own personal adjustments.

It is apparent from the above discussion of the many factors and combinations of factors involved in the causation of children's problems, that the type and intensity of service given must be varied to meet the needs of different children.

Table 6 shows the combinations of the various professional services offered by the project. Since these services were offered only when they appeared needed to help the child toward a more satisfactory adjustment, the tables show that while all services will not be needed in

solving each child's problems there is no service that does not have a contribution to make in solving some child's problem. The number of services used, however, is no indication of the depth of treatment given. Many services may make a contribution to the understanding and treatment of a problem with no one of them establishing the close personal relationship needed to help a child understand his motives. On the other hand the psychiatrist, without the assistance of the other services, may make an intensive study of the motivating forces behind the child's behavior and aid him in understanding and controlling them. An attempt was made by the project staff to indicate the depth of treatment given each child and his family. The following three degrees of intensity were used as classifications:

1. *Deep therapy*, which includes methods that aim to give the individual understanding and insight into his behavior, methods in which the emotional relationship between the individual and the worker is very strong. Psychoanalysis is not included under this definition as the project staff made no attempt to use this method in their treatment techniques.

2. *Surface therapy*, which includes informative, educational, supportive, or authoritative treatment methods, to change the intellectual content of the individual, to give him information and help him clarify his thinking, all without attempting to bring about an understanding of motives; in other words, working on surface problems only.

3. *Environmental therapy*, which includes methods that do not attempt to change the individual but the environment in which he lives. In the case of a child this may involve changing the attitude of his family; deep or surface therapy used with the parents may constitute environmental therapy for the child. This type of therapy might be merely a change in school or an introduction to a program of recreation.

Table 9 shows the depth of treatment used for each of the 432 children under consideration. Each case is classed according to most intensive treatment received although treatment at other levels may have been used initially. As treatment of children often involves their families as well, the treatment for the family is also indicated. Sometimes, as with Helen (p. 17), Jerry (p. 30), and Chris (p. 39), the child received deep therapy while treatment of the family was on an environmental basis. In Carl's case (p. 34) both the child and his mother were treated on a surface basis. In the case of Allen (p. 22), the child received only environmental treatment while his mother was cared for through surface therapy.

TABLE 9.—*Depth of treatment to child and family for 432 children*

Depth of treatment <sup>1</sup>	Children and Families		Children		Families	
	Number	Percent	Number	Percent	Number	Percent
Total.....	432	100	432	100	432	100
Deep.....	53	12	38	9	25	6
Surface.....	325	75	225	52	308	71
Environmental.....	51	12	165	38	62	14
Not determined or not treated.....	3	1	4	1	37	9

<sup>1</sup> When more than 1 type of therapy was used the most intensive is recorded.

In studying table 9 it must be kept in mind that the intensity of therapy shown was not necessarily the most effective for the case. In some cases review suggested that a mistake in judgment had been made and that a more intensive type of treatment should have been attempted. In others the worker knowingly worked at a more superficial level than seemed needed because her already heavy case load would not permit another case of deep therapy and it was thought that the client would derive some benefit from the limited service that could be given. On the other hand there were some cases carried on an intensive basis that did not appear to profit from this treatment and which in the final analysis it was felt would have made as much progress with a less intensive program. Table 9 does show what the project workers, equipped to use all three degrees of intensity, found possible and practical in a program which was attempting to meet the needs of all children referred, and these figures should be of value to other agencies.

Table 10 presents an estimate of the effectiveness of the project treatment, made at the close of the project. A follow-up study at some later date would make it possible to evaluate the treatment more adequately. Judgments regarding the effectiveness of treatment were of three types:

1. *Major improvement* includes cases where it was judged that therapy had been successful and had progressed to a point where continued satisfactory adjustment could be expected.

2. *Partial improvement* includes all cases where progress was made but where problems still remained to be solved.

3. *No improvement* includes all cases where the problems remained as severe or were more severe than when treatment began.

There were two fields in which improvement might have been made. The first was the field of the child's own behavior. Here the judgment was based on whether or not any improvement had taken place in the

behavior of the child, such as getting on better with other children, no longer stealing or running away. The second was the field of factors affecting his behavior. Here the judgment was based on whether or not any improvement had occurred in the underlying causes of the child's behavior such as the family's attitude toward the child, his health, or community conditions. Table 10 records the number of cases in each category. This distinction is useful since in the first group—cases in which improvement had been brought about in the child's behavior without any basic change in the factors causing it—a recurrence of the problem might be expected; in the second—cases in which the behavior might not have changed but where there had been a change in the underlying factors—better behavior might be expected over a period of time.

TABLE 10.—*Distribution of effectiveness of treatment*

Effectiveness of treatment	Improvement in either area		Improvement in behavior		Improvement in factors affecting behavior	
	Number	Percent	Number	Percent	Number	Percent
Total.....	1 406	100	1 406	100	2 404	100
Major improvement.....	71	18	66	16	17	4
Partial improvement.....	265	65	254	63	260	64
No improvement.....	70	17	36	21	127	32

<sup>1</sup> In 26 of the 432 cases judgment did not seem warranted on basis of material available.

<sup>2</sup> In 28 of the 432 cases judgment did not seem warranted on basis of material available.

In 26 of the 432 cases no judgment as to the effectiveness of the treatment seemed warranted. The percentages in table 10 are based on 406 cases and show that some improvement, either in the problem behavior or in the factors affecting the behavior occurred in 83 percent of the cases. Problem behavior improved in 79 percent and the factors affecting behavior improved in 68 percent of the 404 cases where judgment is warranted. This would seem to indicate that on the whole treatment by the project brought about an improvement in the client's situation <sup>6</sup> and that the project experience should be useful to others approaching similar problems.

<sup>6</sup> Healy and Bronner in a follow-up study of 400 children seen at the Judge Baker Guidance Center, made from 5 to 8 years after treatment, found 81 percent had made a favorable response to treatment and 19 percent an unfavorable response. Although the project based its judgment on the immediate effect of treatment, it seems possible that final results would not vary too widely from that of the Healy and Bronner study. See Healy and Bronner, *Treatment and What Happened Afterwards*. Boston, Judge Baker Guidance Center, 1939.



## The Use of Other Agencies in Treatment

We have looked at the problems of the children treated by the project staff, their causes and the treatment given. We have seen that in some instances the staff gave only a limited service in the form of making a diagnosis, giving consultation service, or referring the child to some other agency for help. Before turning to specific areas of the project's work and its implications for community planning, some mention should be made of other community agencies and their relation to these children.

For 469 children some other community agency was active during the time the project was giving service. The family may have been receiving financial assistance; the child may have been known to some health agency or registered in some group-work activity. Whatever the function of the other agency, in 65 percent of the project cases additional service was being given to the child or his family by the community. To give treatment under such conditions required careful initial planning and frequent conferences between the workers giving service. Even though each worker had a definite area of responsibility, the clients' needs could not always be met while adhering closely to these arbitrary divisions. For example, although the project case worker was responsible for Helen's treatment (p. 17) and for modifying the mother's attitudes as they related to Helen, problems relating to financial assistance, for which the County Welfare Board had responsibility, were often raised during the worker's visits. To have refused to discuss these problems when Helen's mother raised them would have made it impossible to continue the discussion of her attitudes toward Helen. The project worker's close association with the worker from the County Welfare Board made it possible for her to explain to the mother some of the policies of that agency and to report the discussion to the welfare worker who could continue the discussion at her next visit or, if the situation seemed urgent, arrange a visit at an earlier date.

Similarly Chris (p. 39), when placed in a foster home under the supervision of a child-placing agency with the project staff continuing only in a consulting and advisory capacity, could not immediately transfer the discussion of all of his problems to the child-placement worker. The project worker had to continue to work with Chris until he developed confidence in the other worker and no longer felt a need to bring his problems to the project staff. In these cases where differ-

ences in agency function make it necessary for more than one agency to be active, successful treatment is possible only if the workers in the situation are able to integrate their activities into a meaningful treatment plan. In the large number of cases where two or more agencies were active, such cooperative treatment became an important aspect of the project program. Numerous obstacles in the way of carrying it through were encountered. Some of these appeared to be inherent in the very nature of the social-welfare structure; others were due to the personality and training of the workers involved.

For the client whose problems are acute the need to go from one agency to another for service or to discuss his problems with more than one worker often places a burden upon him which tends to confuse and disturb him.

Every effort should be made to minimize these difficulties. Too often, however, during the project activity workers who were inexperienced and without an understanding of human behavior were responsible for giving service to the client and because of their limited understanding of behavior were unable to see the reasons for the client's inability to use community services constructively. By withdrawing from the client or adopting a punitive attitude when he failed to keep appointments or in other ways failed to carry out joint plans, these workers were often instrumental in building up in the client a resistance to all types of service however much they were needed. Sometimes, because of their own insecurity, these workers found it difficult to work cooperatively with others and either withdrew from all participation in the case, insisting on the project's carrying the complete responsibility, or else carried on their own programs with only a verbal acceptance of the project's participation.

Too often also the workers in direct contact with a family would be unaware of the effect the family's difficulty was having on the children, or if aware of a child's problems would be doing little to help the child solve them. Of the 469 children whose families received service from other agencies during the time the project was active, 253, or 35 percent of the 727, were known to a case-work agency at the time the referral was made to the project. As only 6 percent of these 253 children were referred for service by the case-work agency itself some analysis was generally needed to determine what treatment the children were receiving from the agency and what additional services the project could give. Study revealed that in more than half (57 percent) of the cases the case-work agency active in the family situation was not

aware that the child was having difficulty in making an adjustment and in only 21 percent of the cases was the agency aware of the child's problem. Clearly additional service to children in their own homes was required if the needs of children in the area were to be met. In the project community the project staff supplied this additional service. The project, however, was a temporary agency which could not perform this function indefinitely. Some assessment of the potentialities within existing agencies for developing more adequate service to children was needed.

### ***TRAINING WORKERS ON THE JOB***

The over-all responsibility for children in need of social service in St. Paul had been delegated by the community to the relief and service division of the County Welfare Board. (See appendix I.) The question was, therefore, whether the relief and service division, with the assistance of specialized agencies in the community, could develop its service to meet the needs of the children known to the project. It was felt that the problems met in developing within the division greater awareness of children's problems might be significant to public welfare throughout the county. Both the County Welfare Board and the project staff were interested in working together to this end and a preliminary study was undertaken.

In November 1941 the Ramsey County Welfare Board requested the Children's Bureau to make the staff of the St. Paul project available to the County Welfare Board for a program of in-service training over a period of at least 3 years. Although this presented an opportunity for the project to test some of its methods on a larger scale in a public agency and seemed a logical next step, the entrance of the United States into the war necessitated curtailing funds. The Children's Bureau was, therefore, unable to participate in this extension of the project.

For a period of 9 months prior to the closing of activities the project staff met on alternate weeks with the staff of each of the two district offices of the relief and service division of the County Welfare Board working in the project area. Children and families known to the division and in most instances known also to the project were made a basis for discussion. Part of each period was given over to a definite teaching session and the remainder of the time devoted to developing specific plans for the treatment of the case, including arrangements for follow-up conferences.

A child whose poor adjustment in school was due to a reading disability would serve as the starting point for a discussion, led by the psychologist, on educational disabilities, particularly in the reading field. The discussion would emphasize the frustration felt by a child of average or better than average intelligence when he finds himself unable to progress in school and considered stupid by all around him, and some of the behavior manifestations that might be expected to accompany this. Possible causes of reading disabilities and remedial measures that could be taken to overcome them would also be discussed. Or the group worker might discuss various types of group activity and what they offered by way of group experience for children, emphasizing the need for selecting carefully the group activity to which the maladjusted child was to be introduced. At one meeting, for example, Helen's case (p. 17) was under consideration and the psychiatrist led a discussion of hostile aggressive behavior and its significance.

Whatever the general problem under discussion, the latter part of the conference was given over to applying the material to the particular cases under discussion and making plans for the child in the light of available resources.

During these sessions the project staff came to realize more clearly than before that many of the social workers assigned to family problems in which children were involved and in which the child's problem was outstanding were not equipped to work with children. Many of these workers frankly admitted this and sought advice on how to talk with a child—how to get his own point of view rather than the point of view he thought would be approved by the adult—or sought information about child behavior and its significance. Others did not appear to recognize their inadequacies. Although these conferences were not continued over a sufficiently long period to warrant any definite conclusions, some impressions regarding the personal qualifications necessary for workers who have responsibility for counseling both children and adults were formed, and some suggestions made regarding the content of an in-service training program for such workers.

The personal qualifications needed include a genuine interest in and liking for children and an ability to view children's problems objectively, without excessive sentimentalism on the one hand or rigid and uncompromising attitudes on the other. The in-service training program should attempt to give insight into the needs of children and understanding of how these needs can be met; awareness of early

symptoms of maladjustment and their significance; knowledge and appreciation of the stages of emotional and intellectual growth in children; knowledge of community resources and ways in which they can be used to meet children's needs; understanding of difficulties that may arise as a result of intrafamily relationships; skill in interviewing not only parents and relatives but the child himself; and appreciation of the contributions to be made by special resources such as group-work, psychiatric, psychological, and medical services.

During the in-service training period workers possessing the necessary personal qualifications rapidly developed an ability to be a positive influence in the lives of their clients. Those without these qualifications continued to give service in a mechanical manner, judging children's behavior by adult standards and treating them by making appointments for medical and psychological examinations with little interpretation to the child or his family, arranging for a change of school or similar alteration of the environment and when all this failed, as it often did, as a final resort arranging to have the child removed from the home. The need for a careful assessment of the capacities and qualifications of the workers who come in direct contact with families and children is one that cannot be overlooked by any agency assuming responsibility for the over-all care of children with problems.

### **Placement Outside the Home in Treatment**

Although the project placed special emphasis upon the treatment of children in their own homes 56, or 8 percent, of the 727 children known to the project, were placed or already living outside their homes (2 children had already been placed before they were referred to the project) during the time they were known to the project. Twenty-eight of these children were placed in foster homes only, 21 in correctional institutions only, 5 in both foster homes and correctional institutions, and 2 in institutions for child care. Not all these children were placed on the basis of the project's recommendation. Some were children for whom the project staff would have recommended continued treatment in their own homes but for whom the court considered placement outside the home necessary. There were others, however, for whom the project strongly recommended removal from the home as a necessary step in treatment.

It is to be expected that some children will not respond to treatment in their own homes. Unless there are enough positive factors in the home upon which to base a treatment program, very little can be

accomplished. However, the constructive factors in the home are not always easy to assess. The parents may at first appear most accepting of the child and only as the home becomes better known is it apparent that their acceptance is superficial and that the child's difficulty stems from a rejection that will not yield to treatment. Or it may be that contact with the child reveals that in order to develop he needs a more controlled environment than the home can provide.

Whenever it appeared that removal from the home was for the child's best interest, the project workers cooperated with the other agencies in the community in an effort to bring about the removal and to explain the placement to the child and to his family. In most instances when placement was made, treatment responsibility was transferred to the child-placing agency or institution. There were a few cases of children placed in foster homes where it seemed advisable for the project worker to maintain a direct contact with the child, but for the most part, as with Chris (p. 39), the project remained active only long enough to help the child establish a satisfactory relationship with the new worker.

Whenever a child was placed in an institution every effort was made to see that information regarding the child's needs and his responses to previous treatment reached the institution. However, many institutions were unequipped to handle this information, and the placement of the child often resulted in a cessation rather than a continuation of the individualized treatment.

The project's responsibilities to children remaining in their own homes did not permit much work in coordinating community and institutional programs. The great need for such a program was apparent in the few cases where an effort was made to work out a coordinated treatment plan with an institution.

Before turning to the project's experiences in special fields, its extension into the city as a whole, and its more general implications, the results of its over-all service program may be summarized as follows:

- (1) Through the continuous interpretation of children's needs it was possible to arouse in the teachers, the police, the parents, and other groups in the project area a greater alertness to early symptoms of maladjustment and an appreciation of the value of early treatment.

- (2) In most instances an increased sensitivity to problems appeared in direct proportion to the amount of uninterrupted interpretation given to the group.

(3) Services to children appear to have two types of referral sources. Primary sources are the groups and individuals in direct contact with children as they face their daily tasks; secondary sources are those in contact with children either in isolated instances or indirectly through reports from others.

(4) Through flexibility in the use of services and resourcefulness on the part of the worker, a strong resistance to needed service on the part of a client can often be overcome.

(5) Family influence and personality deviations play an important part in causing children's problems. Adequate service requires skill in handling personal relationships as well as in modifying the environment.

(6) In addition to giving treatment, the project staff was called upon to meet many other needs in the community and to serve as a diagnostic and referral center for children.

(7) Even in case-work agencies, children's problems are apt to pass unnoticed in their early stages unless a special effort has been made to sensitize the individuals doing the actual work to children's needs and to make certain that these workers have basic information relative to human behavior and the skill needed to work with children.

(8) Further study should be given to coordination between community agencies and institutions caring for children.

# IV

## THE SCHOOLS AND THE LAW-ENFORCING AGENCIES IN THE PREVENTION AND TREATMENT OF CHILDREN'S PROBLEMS

### The Schools

A community interested in developing a program to prevent and treat children's problem behavior will turn to the schools for help beyond that of the regular school program. It will turn to the schools for aid in identifying children in need of service and as a resource in treatment; for the school, next to the home, has the most intimate contact with children of any group in the community and is in a position to observe and influence large numbers of them. Convinced of the need to work with the schools in the project area if a satisfactory preventive program was to be established, the staff turned its attention to developing sound working relationships. Realizing that it was not a pioneer in the field, it drew freely upon the experiences of others, particularly from the work of the visiting teachers,<sup>7</sup> or school social workers.<sup>8</sup>

### *PRELIMINARY STEPS*

The actual development of the project's program to bring about this relationship was, as would be true in any community, governed by the facilities which the school had to offer and the extent of the general interest existing in such a program. In St. Paul there were no well-established policies or relationships developed between the schools and social agencies. No staff of school social workers was employed by the department of education, and considerable lack of confidence existed. These factors served to suggest that a school social worker, by training

---

<sup>7</sup> Culbert, Jane F., *The Visiting Teacher at Work*. New York, The Commonwealth Fund, 1927.

<sup>8</sup> *Social and Health Work in the Schools*. Social Work Year Book 1943, New York, Russell Sage Foundation, 1943. pp. 482-489.



and experience familiar with the resources, policies, and personnel in each field, might prove the logical person to help develop contacts between the public and parochial schools, and the project.

Consultations were held with the superintendents of public and parochial schools prior to the opening of the project to obtain their interest and cooperation in furthering the program. Early in the project's development, the superintendent of the public schools called a meeting of representatives of the public schools in the area, to which representatives of the parochial schools were also invited. This gave an opportunity to explain to the principals and teachers the objectives of the project and to answer questions that might arise concerning its work. After the appointment of the school social worker, further acceptance of the project was shown by calling additional meetings to introduce the worker to the public and parochial school principals and heads of departments and by providing a desk for her in the Department of Education offices and inviting her to attend the principals' meetings. The superintendent of parochial schools showed his interest by arranging to have the Bureau of Education of the Archdiocese of St. Paul serve as a center for taking messages for the school social worker from the individual schools. This official sanction of the project paved the way for developing working relationships with the personnel in the individual schools in the area.

The acceptance of the school social worker by the school administration and her previous experience in the field of education, with its attendant understanding of educational functions as established by statute, philosophy, and tradition, proved a distinct advantage in making contacts with principals and teachers. Because of this they were able to identify her with education and to accept her as a representative of the school. Arrangements were made to provide office space for her in each public-school building where she established regular office hours. At first arrangements for regular contacts were made with the parochial schools, but when it became apparent that their procedure was to refer individual problems to the parish priest, this was abandoned, and the work with them continued around conferences on individual cases.

Although the initial approach to each school was the same, the work developed according to the individual needs, determined by the strengths and weaknesses of the principals and teaching staffs, the educational philosophy, and the character of the school population. In one school the principal saw his function as that of coordinating all

services within his building so that they could function effectively toward meeting the child's needs. He exercised general supervision over the program and kept in touch with progress on individual cases, but encouraged freedom of contact between teachers and the school social worker in developing and carrying out treatment plans. In another school procedures had to be developed more formally, with all contacts and treatment plans cleared through the principal. In still another, the procedures were less clearly defined owing to a fluctuating attitude on the part of the principal and a slow acceptance of the program by the teachers.

The differences in the degree of acceptance received from the individual schools in the area and the adaptations in the service that were found necessary within each school clearly emphasized the fact that effective working relationships can only be brought about by recognizing that school groups (like individuals) have their own personalities and that within any program there must be sufficient leeway and flexibility to meet these individual variations.

Of the children given individualized service by the project, 577 were attending the public schools when referred; 119 were attending parochial or other private schools; 28 were not attending school; for 3 there was no record of the school the child was attending when referred. Three hundred and sixty-five of these children were referred by the school they were attending. (See table 5.) It was in working through with the schools the problems involved in developing a satisfactory over-all program that much of the material to be presented was obtained. In the case summaries on pages 13 to 45 we have examples of the important role the school plays in a program of prevention and treatment. In addition the following case summaries are referred to in this chapter to show the role of the schools.

### ***JACK***

Jack, aged 5, had made practically no progress in kindergarten and his teacher asked for a psychological study to determine whether he should enter first grade or be held back in kindergarten. She knew little about his home but understood his mother was mentally below average.

Study revealed that Jack was the illegitimate child of a feeble-minded mother who, although committed as feeble-minded, had never been institutionalized. Under agency supervision she had been giving Jack good physical care.

It was generally assumed by the agency and the school that Jack was

of limited mentality as the alleged father was also known to be very dull. No efforts had been made to provide greater stimulation for Jack than was available in his home.

The psychological study revealed that Jack had better ability than had been supposed, possibly belonging in the low-average group. With this information the kindergarten teacher began to give him more individual attention and to stimulate him to greater effort. Jack responded well to this, substantiating the test results. School and agency planning then went forward in arranging both home and school conditions so that Jack would receive the necessary stimulation for normal development without losing the emotional security he was finding with his mother.

### **TONY**

Tony, aged 5, was continually fighting with other children in the kindergarten, was hyperactive, and demanded a great deal of attention. He was quite unresponsive to the usual classroom methods of teaching children self-control and respect for others' rights. His mother gave a history of marked resistance to toilet training and of severe feeding problems and sleep disturbances.

Tony had never been accepted by his mother or his father and it became apparent that his behavior was a mixture of hostility toward his rejection and a desire for acceptance and affection.

A number of causes lay behind his rejection. Neither parent had been able to make an entirely satisfactory adjustment to marriage and they were quite unprepared emotionally for parenthood. Tony's mother showed a degree of ignorance about the physical care and handling of babies that could only have resulted from a deep rejection of marriage responsibilities and motherhood. This, coupled with a history of what the psychiatrist considered gross mishandling medically with respect to the management of pregnancy, labor, and instructions in child care, set the stage for Tony's difficulties.

Treatment involved explaining Tony's problems to the school and enlisting the teacher's interest in meeting some of his emotional needs. Case-work and later psychiatric contacts with the mother gave her greater insight into Tony's and her own difficulties and resulted in a more adequate handling of Tony.

As a result of the school's help and the mother's greater insight, Tony's behavior began to improve. It was evident, however, at the close of the project that both would need continued supervision for

some time and that further efforts should be made to gain the father's interest, if the scars of Tony's unhappy early experiences were to be erased. Arrangements were made for such treatment to go forward.

### ***VERA***

Vera, aged 16 was referred by both the school and the YWCA because of her unstable, erratic behavior, excessive attention-getting mechanisms, and a tendency to attach herself to adults with marked intensity of feeling and persistence.

Her father and mother were both born in Greece and maintained many of the ideas and cultural standards of their foreign background, including the unquestioned dominance and authority of the father until the children attained legal maturity.

To a certain extent Vera accepted her father in the role of the dominant parent and put great energy into attempting to meet the educational standards, of completing high school, which he set. The fact that her intelligence was limited, placing her in the borderline group, made it impossible for her to make the progress required in spite of her abundant energy, good memory, and outstanding effort. The insecurity she felt, as she strove for goals far beyond her ability, was largely responsible for her erratic behavior. Her own aggressive and domineering personality and certain qualities of leadership which she possessed also invited responsibilities far beyond her capacity to carry.

Treatment by the project consisted in psychological study, with interpretation of the results to Vera and the school, and a long-continued case-work relationship in which Vera was helped to accept her limitations and to capitalize on her assets. As she grew older and attempted to free herself from her father's domination the case worker helped her to work through her conflicts without breaking with her family. At the close of the project Vera had a better understanding of herself and was making progress in establishing good relationships with others. It seemed probable that she would establish herself successfully in a vocational field. The only danger lay in the possibility of another person overestimating her ability to the point of assigning responsibilities which she would be incapable of handling.

### ***THE COORDINATION OF PROJECT AND SCHOOL SERVICES***

Administrative acceptance of the project program and the school social-work demonstration was only the initial step in developing a close working relationship with the schools. Before a successfully coor-

minated program could be effected, the individual administrators, teachers, and social workers had to develop a much clearer understanding of the professional obligations of each, the methods used by each profession in meeting these obligations, and the ways in which these methods and obligations might be reconciled when they were found to be in conflict.

The project staff, through its daily contacts with the school to discuss the problems of the individual child, became increasingly aware of the many factors that cause coordination between schools and social agencies to break down at the working level. Some of these were discovered in adapting the individual project services to the needs of the child and to school routines; others were revealed when the project, acting in a liaison capacity between community agencies and the schools, encountered resistances of long standing. Because these factors are not always faced realistically in organizing and planning programs, and because it is impossible to develop a coordinated program unless they are overcome, it is important that they be considered.

The differences in the structure of schools and social agencies must be recognized. The school is a highly organized institution with definitely established time schedules, routines, and staff duties which often leave little room for teacher participation in conferences with social agencies or with individual social workers coming to the school. The social worker too often fails to take into account the structure of the school system either in terms of time schedules and routines, or in terms of lines of authority and administrative responsibility. Case conferences are often scheduled at times when the teacher, should she wish to do so, would be unable to attend. The case worker often calls at the school for information about a child without first learning the most convenient time for such a visit. She may arrive in the middle of a class period, in which case she must either obtain all the information from the principal and records, or must interrupt the teacher whose responsibility to her class prevents her from devoting her full attention to any one individual. Inquiring about school schedules and, when possible, making appointments ahead of time was found to do much toward establishing satisfactory working relationships with the schools and the individual teachers in them.

In contrast to the school system, the public and private child-welfare agencies of the community are not closely integrated. They represent varied programs, with many agencies autonomous in their intake procedures and in their decisions to accept or reject cases referred. This

makes it difficult for the principal or teacher to know where to refer a problem needing attention. The teacher may be confused about the functions of individual agencies, or may have no way of knowing whether an agency is a reputable one to be entrusted with information about a child. This poor integration also makes it possible for a variety of agencies to contact a given school about one child with no one of them taking the responsibility of differentiating between the services represented. This lack of centralization in social agencies also hampers coordination between schools and social agencies at an administrative level, for, while the superintendent is in a position to speak for the school system as a whole, there is no one person who represents all social agencies, public and private, and whose responsibility it is to interpret their functions and needs.

If there is no machinery to overcome this structural difficulty in administrative coordination, a rift may develop between the two groups. Each one, defensive of its own functions and not understanding those of the other, may feel a need to draw sharp lines defining its own responsibilities. Such closely drawn lines, if adhered to at the working level, frequently result in there being many children who, unable to bridge the gap themselves, are stranded on one side or the other of the rift and prevented from receiving all the service that should be available to them.

Coordination at the administrative level is essential to smooth functioning at the working level but cannot accomplish this of itself. Both schools and agencies must be alert to the difficulties that arise within their own organizations and must familiarize the individual teachers and workers not only with the need for coordination, but also with the detail involved and the responsibility which each individual has in putting it into effect. Opportunities for teachers and workers to discuss together their common problems must be as much a part of the program as the conferences between supervisors and principals, and between superintendents and executive heads of agencies. The members of the project staff found that discussing the policies and functions of the agency with individual teachers was quite as essential for smooth functioning as the conferences with principals and supervisors. Very often it was observed that little attempt was being made by the school or agency to include those doing the actual work in discussions of this type, or to develop other means of helping them understand the problems of coordination and the reasons for agency action on these problems.

Closely allied to structural difficulties are the problems resulting from differences in attitude. Differences in training, experience, and relationship to the child result in attitudes which, unless they are recognized and taken into consideration in individual contacts, may cause irritations that eventually lead to the complete rejection of the other service. The teacher's responsibility for the whole group, with the attendant need to demand a certain minimum of conformity from the individual and to take immediate action when these requirements are disregarded, is often not understood by the social worker who focuses her attention on the individual child's needs. Without this understanding, she often adopts a critical attitude toward the teacher for her failure to give the child the support necessary to help him face his problems successfully. The fact that the teacher, like the parent, lives with the child for a good part of each day and because of this close association may be unable to view the child's problem objectively, may escape the attention of the worker whose contact is much more limited and subjected to fewer distractions. The social worker herself, on the other hand, may at times lose her objectivity and project her feelings of frustration upon the teacher when, convinced of the child's need for a certain program, she runs into obstacles in procedure which the teacher has no authority to change.

Both school and agency at the direct-contact level feel a possessiveness for the child which may cause difficulties. The school's legal responsibility for the child during school hours often comes in conflict with the social worker's more intangible responsibility to the child and his family, with neither one willing to yield to the other. The confidential nature of the social worker's relationship and her anxiety lest she betray some confidence, may lead her to withhold information that might be helpful to the school in understanding the child. It is quite natural that the teacher and principal, having been denied full information, should not always be cooperative.

Many times difficulties arise because each, disregarding the limitations in function imposed by the community or limitations in time or in facilities for service, expects the other to provide the impossible. The school often expects marked changes to be accomplished by one or two visits from the worker, while the worker may make recommendations that are quite impractical in view of the school's facilities.

Each of us has been affected by his own school experience and it is not uncommon to find workers who were unable to establish a good teacher-pupil relationship in their own school years carrying over

some of their childhood feelings to the teacher-worker relationship that now confronts them. Where this is the case cooperation can be exceedingly difficult.

Often the experience of teachers and principals with social agencies has been limited to planning for the child in a family receiving public assistance, or for the dependent or overtly delinquent child. They see social agencies, therefore, as concerned with these problems only and not as being in a position to offer service to all children needing it. Time and patient demonstration are needed to change this concept of social work.

Schools are quick to feel that the social agency does not follow through situations referred to it. The child remains in the classroom with no appreciable change in his behavior, and nothing is heard from the social worker to whom the child was referred. With no change in behavior and no report of the agency's activity, the school has no way of knowing what to expect or how to plan. This frequent failure on the part of agencies to report back to the school and to interpret progress or blocking as it occurs contributes to the lack of confidence in them often shown by the school and to the school's attitude that "if anything is to be done we must do it ourselves."

These differences in attitude and the irritations that they cause are not universal and do not apply to all agencies, schools, or the workers within them, but their presence beneath the surface in situations where tensions exist is too frequent to be ignored or passed over lightly. With organizations, as with individuals, the petty daily irritations, if unrecognized and ignored, may develop into deep-seated antagonism.

In integrating the professional services on its staff so that each could work with the schools without differences in methods and techniques causing confusion, the project developed many procedures for overcoming these difficulties. By designating the school social worker as intake worker for all project referrals from the schools, the referral process was simplified and many difficulties eliminated. In this way the schools did not have to determine the type of service needed. No matter what the problem or what the service, the school social worker was the person to whom the principals and teachers turned and she, with them, decided the preliminary steps to be taken and the additional services needed. Her scheduled office hours at each school made it possible for teachers and principals to drop in informally to refer cases or to discuss problem situations. These casual contacts afforded



natural opportunities for the social worker to keep the school informed about progress with their children. It also made it possible for her to keep informed about changes in school schedules and routines which, passed on to other staff members, prevented requests being made for appointments or service at inopportune times. The schools easily became acquainted with the schedule and methods of work of this one person and she in turn came to know the characteristics of the individual schools and the manner in which project procedures could be adapted to meet them.

In her dual role she was able to interpret the philosophy and function of each project service to the school and those of the school to each service introduced. Of particular interest in this respect was the project's introduction of the group-work program. The development of group-work activities, in the form of clubs in some of the schools and of a school-center program in others, was greatly facilitated by the school social worker in her liaison position. She introduced the project group worker to the principals and teachers and later through her regular contacts with the schools was able to keep the group worker informed of some of the difficulties that the principals and teachers were experiencing, such as disarranged classrooms, occasional broken furniture, and dissatisfied janitors. Immediate knowledge of these difficulties made it possible for the project group workers to discuss them with the principals and teachers and to work out with the group leaders ways for more effective control.

The routing of all contacts through the school social worker was closely adhered to in the early days of the project. However, as the work of the project developed and as more and more services were requested by the schools, a direct personal relationship between the school staff and the project staff developed. Although the school social worker was always available for advice, direct contacts between the individual workers and teachers became more frequent. The other case workers on the project were accepted as an extension of the school social worker's service when it became apparent that one person could not meet all the needs. The advantage of having a man case worker to handle the problems of older boys was soon seen and appreciated. The fact that the school system provided only limited psychological service placed great demands on the project because of the close relation between educational problems and psychological service. The development of a tutorial service met another acute need in the school's

program and needed little interpretation. In conferences between case workers and teachers the psychiatrist's interpretation of child behavior was presented in nontechnical terms in a friendly and informal manner and came to be more and more depended upon. When her services became available the group worker's help was sought in after-school activities. Gradually each worker on the project staff was given the same acceptance initially given to the school social worker. School and project staffs worked freely and easily together, each individual being accepted and appreciated for the contribution that he could make to the unified program of services to the children in the area.

Having various project services under one administrative head simplified the problem of coordination because here as in the school system there was but one administration. When, however, as was often the case, the services of other agencies were called into the treatment plan or when another agency was already active on the case the problems of coordinating the work of many agencies with that of the schools came to the fore. It was here that the project's assumption of a general responsibility for children made it possible to minimize some of the difficulties involved in such coordination and pointed the way to developing more satisfactory procedures in the city as a whole.

Through its willingness to help with the planning of a program for any child in the area, the project soon found itself serving in a liaison capacity between the schools and the social agencies. In this capacity the project workers, particularly the school social worker, not only assumed responsibility for referring a case to the appropriate agency, thus simplifying the process of referral for the school, but also explained to the school the functions of the agency, and to the agency the characteristics of the school making the referral. Often a project worker, at the request of the school and the agency, arranged for and attended the initial conferences between them. As the work developed this liaison function became increasingly important. As agencies became aware of the project's close contact with the schools, calls for information about individual schools increased, including requests for information about a child's school adjustment or for suggestions regarding the most satisfactory approach to the school personnel about some problem. The schools in turn raised questions about agency practices and procedures that they did not understand but were hesitant to discuss directly with the agency. This development made it possible for the project staff to discuss with the schools and the agencies not only the individual case referred but also some of the points at which conflict

might arise in a closely coordinated program. It was this liaison function which ultimately led to the development of a coordination center to serve in this capacity for the city as a whole. (See pp. 142 to 157.)

### *EARLY RECOGNITION OF PROBLEMS*

It is not only the school's contact with large numbers of children but the meaningfulness of that contact in the child's life that places the school in such a strategic position, both for the identification and for the treatment of children's problems. Because it is easy to forget the child's point of view, even as we organize services for him, it may be well in discussing the school's role in identification and treatment to review the meaning of the school experience for the child and some of the difficulties he may encounter in adjusting himself to it.

The child's education begins long before he enters school and his early adjustment to the school situation will depend on the adequacy of this preschool education. Before entering school he will have developed beyond his early dependence and absorption in the satisfaction of such fundamental needs as eating and sleeping. He can be expected to control his own body in such ways as walking, running, and going up and down stairs. He can be expected to have well-established toilet habits. He will have learned to control materials around him in such activities as putting on outside clothing, feeding himself, and carrying things without dropping them. In the mental sphere he must be able to distinguish various sensory differences such as large and small, loud and soft, rough and smooth. He will have begun to develop an interest in constructive and creative activities; he will have learned to use language and to participate in conversation. Emotionally he will have learned to control the impulse to cry out at minor hurts and to adjust himself to new situations that are not too threatening. He will be in the process of developing a conscience and of incorporating within himself the parental authority with its restraints and prohibitions and using it to control himself when no adult is around. Socially he will be expected to have learned to play by himself and in small groups. To some degree he will have learned to share and to wait his turn.

For many children during all this learning and developing there will have been but one teacher, one authority—the home and particularly the mother. For many children entry into school will be the first time they experience authority outside the home. It may be their first experience with differences in authority. Mother and teacher may have different standards, different methods. If these differ too

widely the child may fail to make the transition from one to many teachers and may show his confusion and disturbance through undesirable behavior. Or, if a child has never accepted authority in the home, he will have no pattern for accepting it in the school and may rebel at the teacher's efforts to impose it on him.

Entrance into school is an important milestone in the child's life and should not be underestimated merely because so many children seem to take the step easily. It is one of the earliest points at which the alert community can identify children in need of help. If the schools were able to do nothing more than identify problems at this point, this in itself would establish their importance as a source for early identification of children with problems. This is evident in Allen's case (p. 22) and in Tony's (p. 83) and Jack's (p. 82). Tony's young and insecure mother was very ill following his birth and by the time she was well enough to take care of him he had already become a crying, fussing baby and a definite feeding problem. Fearful of disturbing the neighbors, she resorted to repressive measures, keeping him away from children and directing his every move. He entered school without having learned to play, to share, or to wait his turn. He lacked initiative and demanded of the teacher the same attention he had had from his mother. When he did not obtain this he became destructive and aggressive in order to force the teacher to notice him. Jack, on the other hand, had an intellectually inadequate mother who provided such meager stimulation that although he was of normal intelligence he showed little initiative or creative ability and was quite unable to enter into the group activities of the class room. These children are representative of a large group who, due to inadequacies in their early training, have failed to develop the characteristics necessary to a satisfactory school adjustment. Some, like Allen, will have shown their problems before entering school; for others entrance into school will have precipitated the problem behavior. But for all of them entrance into school has produced a crisis which the alert school system should be able to identify immediately.

After entering school the child's horizon widens rapidly. He not only learns to read and write but learns about the world in which he lives and its standards. He learns expected patterns of reaction such as modesty, shame, and disgust. During the first school years he will be interested in happenings, immediate projects in which definite results can be seen quickly, rather than in those that require sustained effort. He finds it impossible to work toward a very distant goal. Later on

during adolescence new feelings and emotions will become dominant. This will be a period of extremes as the child attempts to adjust to body changes and changing feelings. Once more the question of authority will arise as he strives toward independence and attempts to assimilate all authorities, the school, home, and community, into a personal philosophy that will serve his own self-direction.

Through all these stages of development, the child may have difficulty in going ahead, in taking the next step, and because the school has known him from his early years and is in a position to compare him with large numbers of children of his own age, it continues to be in a strategic position to note the early indications of difficulty.

These indications will not all be in the form of overt misbehavior. Some will be more subtly disguised and of a kind that the school alone can detect. Inability to learn at a normal rate, especially when this is allowed to develop into a series of failures, may be one of the basic causes of maladjustment. But many times academic difficulties are not symptoms of low intelligence but of dissatisfactions or disturbances in other phases of the child's life. The child, who under normal conditions would make satisfactory progress, may be emotionally disturbed by unsatisfactory home conditions such as illness, economic inadequacies, or marital conflict and find it impossible to move ahead, but the only evidence of his disturbance may be poor school work. On page 12 it was seen that 374 of the 727 children referred to the project, were having difficulties in academic work. The median I. Q. for the 319 of this group for whom I. Q.'s were recorded, was 92, only two points lower than that for the whole group of children known to the project, and within the range of normal intelligence. Table 11 shows the individual intelligence level of the children having academic difficulties. For many of them failure to learn was not due to poor intelligence. Some like Ralph (p. 43) and Chris (p. 39) were too emotionally disturbed to be able to learn.

TABLE 11.—*Distribution of children with academic difficulties by intelligence rating*

Intelligence quotient	Children		Intelligence quotient	Children	
	Number	Percent		Number	Percent
Total.....	<sup>1</sup> 319	100	90-99.....	91	29
120-129.....	3	1	80-89.....	92	29
110-119.....	27	8	70-79.....	29	9
100-109.....	58	18	60-69.....	17	5
			Below 60.....	2	1

<sup>1</sup> Excludes 55 children whose intelligence quotient were not recorded.

The school's role in the early identification of children's problems is, therefore, a vital one by virtue of the fact that the child actually lives a large portion of his life in school. The skilled and observing teacher has much to contribute. Her perspective, growing out of a relative emotional detachment, and her experience in observing the normal range of behavior in groups of children enables her to identify problems developing in the school setting which may not yet be apparent in the child's behavior at home or elsewhere. Where the precipitating factor in this behavior lies in the child's school experience, the teacher is in a position to recognize the behavior as indicative of something wrong, and to help in tracing the chain of events leading to its manifestation.

The median age of the children at the time of referral varied with the different referral sources as follows:

	<i>Years</i>	<i>Months</i>
School.....	11	1
Police.....	13	7
Court.....	13	2
Group work.....	12	5
All referrals.....	12	1

It will be seen that the children referred by the school were for the most part a year younger than referrals as a whole and more than 2 years younger than referrals from the law-enforcing agencies. With this further evidence of the school's importance in early identification it is obvious that it must not be left to chance whether or not the school takes full advantage of its opportunity. As with all groups there must be continued emphasis on the importance of early symptoms and upon developing resources for their treatment. That this can be developed by the processes described earlier is seen in table 12 which shows the gradually decreasing age of referrals from schools during the project's activities.

TABLE 12.—*Median age for school referral by academic years*

Year	Number referred	Median age at referral years, months
Total.....	365	11-1
Jan. to June 1937.....	11	14-6
1937-38.....	88	12-8
1938-39.....	51	11-2
1939-40.....	78	11-4
1940-41.....	94	10-0
1941-April 1942 <sup>1</sup> .....	41	8-2
Age not recorded.....	2	-----

<sup>1</sup> Intake was closed in April of 1942. During the last period special attention was given to younger children at the expense of some older children. This accounts for the marked decrease in age during this period.

## *THE SCHOOL AS A RESOURCE IN TREATMENT*

The school has an important part to play not only in early identification, but in treatment itself. The adequacies of its own resources will, of course, determine how much responsibility for treatment a school can take. But even assuming that the resources available for individual study are relatively limited, as was the case in the project area, there is still much that the schools are in a position to do and for which the community must turn to them.

As a rule the school's interest is accepted by both the parents and the child. The parents, as citizens, have delegated to the school the responsibility for a certain phase of the child's development. They hold the school responsible for their child during certain hours of the day and expect the school to keep them informed about his progress and to consult with them about any difficulties that he may be encountering. The school is a basic service whose interest is not limited to any group of children. The school's interest in no way labels the child as a problem. Because of this, the school is able to play an active part in facilitating contacts between the child or his family and the community services that he may need. The school's acceptance and introduction of a service will carry great weight with many families who might resent a call from a stranger from an unknown agency. In Jerry's case (p. 30) the worker introducing herself from the school was able to make a contact which it had been impossible for the social worker to make on the basis of the police incident, even though her agency had previously been known to the family. Not only in the cases referred by the school but in many others where some accepted sponsor was needed, the project turned to the school for assistance. In some instances all that was needed was evidence of the school's acceptance at the time of referral and the child and the family were satisfied to continue working with the staff member at the project office. In other cases the participation of the school was needed in maintaining a relationship between the parent and the social worker. In these instances it was necessary to hold all interviews with the child and family at the school, sometimes with a school person present. This obviously could only be done after a close working relationship with the school had been established.

The schools must also be called upon to take an active part in the treatment program. The skilled and understanding teacher can offer the child great stimulus and support, both in the classroom and through personal contacts. She can use the school setting with its discipline

and privileges to further the growth of the child. She may not have the time or training to work through all of his problems with the child, but working closely with the case worker she may be able so to control the class situation, both by adapting the curriculum to his needs and controlling the pressures put upon him, that the school becomes a laboratory in which his early steps toward a better adjustment can be taken without risk of excessive demands being placed upon him. In addition to providing a comparatively controlled environment for the child, the teacher can observe the progress the child is making and give necessary information to the worker who is responsible for his individual treatment. The teacher's sympathy and understanding for the child is another important contribution to the treatment program and may play a vital part in giving him confidence in himself. The teacher who, in spite of Ralph's discouragement and passivity (p. 43), helped him to face the difficulties of the classroom situation and made opportunities for him to gain confidence in himself through use of his artistic ability, played as important a part in his ultimate adjustment as either the case worker, the psychologist, or the parents.

The school's auxiliary services can also be called upon to help in the treatment program. Health services, remedial services, recreational and social activities where they are available are all services to be utilized in making plans for the individual treatment of the child, as well as for the group as a whole.

The school's need for help from the child-welfare agencies is no less real than the need the agencies have for help from the school. As we have seen, many of the child's problems with which the school has to deal arise from factors outside the school and outside the range of the school's resources for treatment. The school is not equipped to treat family situations which are often basic to the child's maladjustment. The amount of individual service that some children need makes it impossible for the school to deal with the situation without help. The treatment of Vera (p. 84) illustrates this point. She was a girl of borderline intelligence, 16 years old and in the eighth grade, when referred to the project because of her unstable and erratic behavior, her excessive demands for attention, and the marked intensity of both her positive and negative feelings toward others. Much of the work with Vera was centered around helping her accept her intellectual limitations. Her teacher did much to help her but the case worker was the only person who could take the time to make her understand



her assets and liabilities, or cope with her hostility and resentment and keep her energies directed into useful channels. The schools also need help wherever psychiatric, psychological, and remedial services are not among their own resources. In such cases they must call upon those services available in the community, as was done in the project area.

Even the most flexible school system must hold the child to certain minimum standards of behavior. Recognizing that some children cannot meet these requirements without help, the school will have to call upon the child-welfare worker. An example of this use of the child-welfare worker occurred in the project area when the principal of a school called the case worker saying, "I have had to discipline one of the children today because he disrupted the school's routines. He does not feel very friendly with me at the moment and I think needs to talk it through with someone who he thinks is impartial and can see his side of it." With such understanding of children's needs and with such skillful and objective use of services as were available to the children in this school, a community program for the prevention and treatment of problem behavior can go far.

We do not want to give the impression that the situation in the project area was especially favorable for coordination. This was not the case and both the project workers and the school people devoted a great deal of time to solving some of the problems that have been listed. Many times there were differences of opinion as to the treatment needed and a compromise solution had to be reached. The schools often became impatient with the project staff because the child failed to respond to treatment or because the staff did not give service as quickly as was expected. Many teachers did not have the understanding needed to give the child the necessary support; and there were undoubtedly times when the staff, because of its interest in the individual child, lost sight of the schools' more general responsibilities. There were times when both the project staff and the schools felt that no progress was being made. The schools many times questioned the value of the project service, and the project staff often wondered whether some better approach to the children of the community might have been made. However, by working on a case-by-case basis, focusing attention on service to the child, and frankly facing the obstacles in the form of personal attitudes and the structural difficulties that prevented service from reaching a child, the project staff developed

a closely coordinated program with the schools which served as the starting point for a much more elaborate program for the city as a whole.

Responsibility for coordinating the project's work with that of the schools rested upon the school social worker and in the project's experience this proved a satisfactory arrangement. Many communities, however, do not have a school social worker and could not obtain one immediately. Here it may be necessary for some other worker in the community to serve in a liaison capacity between the schools and the social agencies. It would seem that this could be done successfully if the person designated recognized her dual function and made herself well acquainted with both the social work and the educational programs in the community. As the St. Paul project developed, the school social worker was called upon more and more to participate in city-wide activities and was unable to devote as much time as formerly to her contacts with the schools of the area. The increasing acceptance of other workers by the schools made it possible in one instance for the liaison function to be taken over by another project social worker without lessening the effectiveness of the program as a whole. While this was not done until preliminary acceptance had been obtained from the schools and agencies, it suggests that initial steps toward a coordinated program need not be postponed where specialized personnel is not available. Although the school social worker by virtue of her training has a special contribution to make to such a development and is undoubtedly in a position to hasten it, progress toward better coordination may be made by workers without this training if they approach the task with equal acceptance of both social-work and educational programs and with understanding of the important role each must play in a well-rounded community program for children.

### **The Law-Enforcing Agencies**

A child's contacts with the law-enforcing agencies differ markedly from those with the school. For some children the principal contact is with the officer who directs traffic on the corner and whom they see on their way to school; for others, law enforcement is embodied in the officer who patrols the neighborhood on foot or in a car, or in the motorcycle officer on the highway. For many children the policeman is a friendly person in whose footsteps they intend to follow; for others he represents authority that restricts and confines, a force to be outwitted. There are children for whom he is but a part of the busy world

around them, of little importance in their daily routine. Most children, however, recognize the police as an integral part of their community. Relatively few children have any direct contacts with the courts or any occasion to see them as a part of the community's law-enforcement structure. A child's experience with either the police or the courts is unlike his experience with the schools which, after he is 6 years old, becomes a part of his daily routines, affecting his activities and broadening his horizons. The contributions that the law-enforcing agencies make to a program of prevention and treatment will therefore be quite different from those made by the schools. They will directly affect only a few children. For these children, however, contacts will be most meaningful.

The following cases, reduced to the barest outline, also illustrate points to be discussed, and will be referred to later.

### *JOE*

The school was fearful that Joe, aged 15, might be in some difficulty because of his unpredictable behavior. He had withdrawn from an athletic contest without explanation one morning and had not returned to school in the afternoon or home that night. The next morning he came to school but would give no explanation of his behavior except to say that he had slept outdoors and had thought of running away. It appeared that Joe had been involved in breaking some windows and had kept away in order not to face the police. On one or two previous occasions he had shown this same inability to face the consequences of his own acts.

Contacts with Joe's father revealed that he had a definite feeling of hostility toward Joe and anxiety about Joe's rapid physical growth and striving for independence which suggested he would not be able to control him much longer. Both parents were anxious about Joe, because a paternal relative had served a prison sentence and they thought Joe might be following in his footsteps.

Joe himself was an unattractive boy who in spite of average intelligence felt very inadequate and was actually retarded in grade placement in school. His minor delinquencies were attempts to overcome his feelings of inadequacy and add to his prestige with his associates. He used one occasion when he had been detained by the police very definitely to increase his prestige with the other boys. Treatment contacts revealed that he was fatalistic about his inability to keep out of trouble.

Direct psychiatric treatment was undertaken with both Joe and his father. Some gains were made in increasing Joe's insight and also the father's, but not to the point of essentially modifying attitudes and behavior.

Joe continued to get into difficulty, was placed on probation and after violating probation was finally sent to the Boys' Farm. The project psychiatrist continued to see him there and noted that the experience seemed to have great meaning for him. It provided a punishment which tended to relieve his feelings of guilt and enabled him to see his situation more objectively. He was able to view his relationship with his parents and to resolve some of his conflicts in regard to his father, and was much more hopeful about his ability to remain out of difficulty than he had been previously.

Upon his release from the Boys' Farm he did not return to school but found work in which he seemed satisfied and happy. It was the psychiatrist's opinion that although he might always feel inadequate he had become sufficiently understanding of his behavior to remain free from further delinquency.

### **TERRY**

Terry, aged 10, was picked up for shoplifting and a complaint filed in juvenile court. It was Terry's first offense. The judge and probation officer thought the police had been overzealous in bringing Terry into court and had the case continued for 3 months while the Community Service for Children worked with the family. If all went well it would then be dismissed.

Study revealed that Terry had a brother 3 years older who had been seriously injured in an accident necessitating several operations. His brother's need for extra attention had resulted in Terry's being given very little supervision and it was during this time that he began to associate with delinquent boys and finally got into trouble himself. His parents immediately became aware of their responsibility for his difficulties and with the aid of the project made more adequate plans for him, which included YMCA membership, summer placement in camp, and tutoring in reading, a subject in which he showed a definite weakness. Terry enthusiastically entered into all these plans and there was no recurrence of his delinquent behavior. There seemed every reason to believe that he would continue to make a satisfactory adjustment.

## **ROB**

Rob, aged 11, had been involved in a minor stealing episode which led the police to refer him to the Community Service for Children. Investigation revealed that the family was aware of other stealing episodes for which he had not been apprehended. When the school was contacted it was reported that Rob, although usually conforming, had on one occasion become very hostile toward a favorite teacher. Obviously something was wrong, even though Rob was unusually well-behaved most of the time.

Study revealed that Rob's mother suffered from a deeply ingrained neurosis which expressed itself in religious activities and a perfectionistic attitude toward all the family. For the most part Rob attempted to comply with her demands and meet her standards, but at the expense of his own emotional expression and satisfactions. He had developed marked apprehensiveness regarding his ability either to handle his school work or to meet his mother's demands. It was when pressures became great that he found himself behaving in an unpredictable manner. Basic conflicts in regard to his situation were undoubtedly present.

Direct therapy was undertaken with Rob by the psychologist while the case worker treated his mother. Some gains were made with both, but neither proved accessible to deep therapy at that time. It was therefore decided to close the case but to stand by, ready to help either Rob or his mother should the opportunity arise. It seemed probable that intensive psychotherapy with the mother and possibly with Rob would eventually be needed, but up to the close of the project neither had appeared ready for such treatment. They had, however, been helped sufficiently to relieve some of Rob's difficulties and probably to prevent further delinquency.

## **TOM**

Tom, aged 16, was referred to the Community Service for Children for stealing from the school in association with another boy. This was quite out of keeping with his character and the first indication of delinquent behavior. The police referred Tom to the Community Service for Children, but because of the insistence of the school principal also found it necessary to take the case into court. Tom was placed on a year's probation with the understanding that the Community Service for Children would supervise.

Study revealed Tom to be a boy of average intelligence with superior

ability in the mechanical field. His parents appeared fond of him although his father was markedly domineering, severe, and critical. His mother was a pleasant, shy person who tended to side with the children and to be critical of the father's treatment. The family had moved from a rural area a year previously and both Tom and his mother were finding it difficult to adjust to urban living.

Tom himself was shy and withdrawn, rather frail in appearance, and felt definitely inadequate in coping with his father's dominance and later with the school counsellor who was also domineering and self-important in manner. He, therefore, reacted to both in a silent, resistant manner which aroused the counsellor's suspicions that the stealing episode was indicative of an "addiction to bad habits."

Treatment involved psychological, case-work, and psychiatric interviews with interpretation of Tom's needs to his school, his family, and himself. Extensive work was done with the school in explaining Tom's problems and in giving assistance in individualized planning and special help. Enrollment in a WPA art class was arranged for after school hours.

During this period the father's attitude was modified considerably and the relationship between him and Tom was greatly improved. Tom made consistent gains in all areas of adjustment during the year he was on probation, and there were no further delinquent episodes. At the end of the year there seemed to be no need for further agency help.

Further contacts with the family in regard to activities of some of the younger children kept the Community Service for Children in informal contact with Tom's activities. At the close of the project it was learned that he had completed vocational school and found full-time employment along the lines of his special interest and training. It seemed probable that he would continue to make a good adjustment.

### **HOMER**

Homer's parents were Italian born and Homer, the oldest child in a family of five, and a boy, had great prestige. In their eyes he could do no wrong. By the time he was 13 he had developed into a handsome, friendly boy but was undisciplined in his behavior. He had never made a good social adjustment in school or done satisfactory academic work, but the family tended to blame the school rather than consider the possibility that Homer might be unable to handle the work or that their training had been at fault.

That his behavior was getting out of control was first recognized by his parents when he was brought to the attention of the juvenile division of the police for breaking street lights and other disorderly behavior. They were not greatly concerned. They agreed that the Community Service for Children might be able to help them and Homer in assessing his ability to do school work and in helping them plan a satisfactory school and leisure-time program for him, but they could not bring themselves to oppose any of his wishes and found excuses for him when he failed to keep appointments or to attend school. His undisciplined behavior continued to get him into minor difficulties in the community, causing his parents more and more trouble. Finally, unable to control him, they changed their attitude of unlimited approval and became increasingly critical. By the time Homer was 14 he had lost much of his carefree manner and had grown thin and anxious in appearance. Increased temper outbursts and finally the theft of some skates, which again brought him to the attention of the police, convinced them of their need for help with Homer.

Psychological study revealed him to be a dull boy who necessarily had to progress slowly in school. Retarded for his chronological age, his grade placement was appropriate for his mental age. His many failures, without adequate analysis of the causes, had made him antagonistic toward all school work so that, although individual tutoring was provided to give him a firm foundation in basic subjects and to enable him to progress within the limits of his ability, and although the case worker attempted to work with him and with his family, he became more and more unruly in school and continued to defy parental attempts to control him. He gained some insight into his behavior but before he had developed the ability to control himself he was expelled from school for "tardiness, bad temper, and trouble-making with other children." Arrangements were made for a new school placement but the pattern was repeated and he was finally brought into court as a truant.

His incorrigibility came to a climax when, against his parents' wishes, he joined older delinquent boys in borrowing a car in which they began riding around the city into the early morning hours. Afraid that Homer would get into serious difficulty his mother contacted the owner of the car, the parents of the other boys, and the police, and on their recommendation took the keys from Homer's room and returned them to the owner. When Homer discovered this he became so unruly and threatening that she called in a policeman whom she knew.

The officer took Homer to the police station while his mother continued to investigate the car transaction. When she went to the police station to take him home Homer was so uncontrolled in his behavior that the police found it necessary to hold him in detention until some other plan could be worked out for him.

Detention over the week end produced a definitely sobering effect on Homer. His mother's firmness at this time and his contact with the community's law-enforcement agency shocked him into a realization of what a continuance of his behavior might mean. It was decided that treatment in his own home was indicated and continued case-work service was arranged. With the insight he had gained through case work and psychiatric interviews he began to put real effort into adjusting to home and community demands. Later arrangements were made for Homer to attend a private boarding school outside the city. This, with continued case-work service, helped him to develop the necessary emotional controls. At the close of the project Homer was making a satisfactory adjustment and once again appeared happy and secure in his family's affection without being overly dependent upon them.

### ***ESTABLISHING GOOD RELATIONSHIPS WITH THE LAW-ENFORCING AGENCIES***

In planning a program for the prevention and treatment of children's problems a community must consider the contributions to be made by its law-enforcing agencies. It should consider their role in the early identification of problems and their role in the treatment program. The procedures in operation for relating the work of the police, the court, the schools, and the social agencies should be examined to determine whether the children known to law-enforcing agencies are receiving the services necessary for their ultimate adjustment.

The preliminary plan of the St. Paul project called for the establishment of a close working relationship with the law-enforcing agencies of the community. The general procedures used to bring this about included maintaining close and regular contacts with the police and court, upon the project's initiative, until a cooperative working plan could be established; accepting all police and court cases in the project area referred for investigation or treatment so far as the project facilities allowed; keeping the project staff available for consultation on such of the law-enforcing agencies' problems as might fall within the areas of competence of its individual members.



As a first step in this program, the judge of the juvenile court, the chief probation officer, and the police commissioner were consulted and their cooperation secured. All gave tangible evidence of their interest, and made it possible for the project staff to become better acquainted with them and with their responsibilities and methods of functioning. The judge lent his chambers for temporary office space for the project until permanent offices could be found; the probation officers referred the first project cases (10 boys sent to them on a complaint of shoplifting); the lieutenant in charge of the juvenile division of the police requested that the project staff confer with him about the reorganization of his own program, particularly in reference to a new system of records; and an advisory committee for the juvenile division of the police was organized.

It soon became clear that the project's interest in coming into early contact with delinquent children could be better served by referrals from the police than by referrals from the probation office. The police usually have the first official contact with the delinquent child, but in St. Paul their greater usefulness as a referral source was due to the fact that the probation office of the juvenile court was allowed to exercise very little discrimination in regard to taking cases into court or referring them to social agencies. Work with the court therefore developed around cooperative treatment for cases already known to the project, the treatment of a few cases referred after a court hearing, and diagnostic studies prior to an already scheduled hearing made at the request of the probation office. Work with the police, on the other hand, centered more definitely around the early identification of children with problems and their referral to appropriate sources in the community. Two hundred and fifty-eight of the children known to the project were actually known to either the police, the court, or both. In addition, 15 others were involved in antisocial conduct but had no contact with the law-enforcing agencies. The joint planning for these children, 177 of whom were referred by the law-enforcing agencies, created an opportunity for studying the problems involved in the integration of the work of law-enforcing and social agencies. (Table 13 shows the number and percentage distribution of children known to each agency.)

After the preliminary period of getting acquainted with the police, which included casual consultation on cases, a procedure was instituted whereby a project case worker called at police headquarters twice a week at specified times to discuss project services that might be helpful

TABLE 13.—*Children classified as delinquent*

Type of delinquent	Children	
	Number	Percent
Total.....	273	100
Nonpolice and noncourt .....	15	5
Known to police.....	174	64
Known to court.....	28	10
Known to police and court.....	56	21

to children living in the area who had come to the attention of the police. Later the visits were reduced to once a week.

Responsibility for the work with boys was assigned to a man case worker who had had previous experience in working with law-enforcing agencies. Although work with delinquent girls had recently been placed under the new juvenile division of the police, the work with girls actually remained quite separate. In spite of the fact that the lieutenant in charge of the juvenile division requested cooperation and that regular visits to the station were made for some time by a woman worker, it was not possible to change the policewomen's contention that the nature of the girls' cases (meaning the preponderance of sex-delinquency complaints) demanded that they be referred directly to court. At the close of the project, the progressive work being done with boys had aroused the community to study ways in which similar help could be made available to girls. The following discussion of work with the law-enforcing agencies in St. Paul applies therefore to the work with boys, although the figures used in the tables include 24 girls known to the project. With the strengthening of basic services to girls there would appear to be no reason why the methods developed should not prove effective for an inclusive program.<sup>9</sup>

The regular visits to the juvenile division served many purposes. Not only did they make possible a review of the cases of the children in the project area who had come to the attention of the police, but they also provided time for discussion of the possible implications of the behavior noted. With the referral of the first cases, discussion of the progress or lack of progress being made with these children also became a routine part of these conferences. The reasons for the suc-

<sup>9</sup> For an account of the work with delinquent girls in St. Paul, see *Girl Delinquents in St. Paul and Ramsey Co., Minnesota*. New York, National Probation Association, 1944. (Processed.)

cesses or failures in treatment were discussed frankly, a free give and take developing between the project worker and the interested police officer with the result that a more closely coordinated plan, taking into consideration the contributions of both agencies, was often developed. Similar discussions were held with probation officers on individual cases known to them and to the project staff and on procedures for better coordination of the two services. Although these were less frequent and less regular than the police contacts many of the problems in an effectively coordinated program were discussed and much help in understanding the court's obligations and functioning was obtained.

As greater familiarity, understanding, and confidence in each other developed, the discussions turned to the factors that made it difficult for law-enforcing agencies and social agencies to work together and to ways of overcoming them. Some of these factors were particularly pertinent to police functioning, some to the court, and some to both. Some appeared to be structural difficulties and some difficulties due to attitudes. Some of them were minor, some major, but all were found to need consideration in the setting up of a coordinated program.

### ***COORDINATION OF PROJECT AND LAW-ENFORCING AGENCIES***

Although it is the philosophy of both the juvenile police and the juvenile court that public welfare is best served by studying the child and treating him according to his individual needs with a view to redirecting him so that other offenses will not occur, many times the flavor of the system of detection, judgment, and punishment out of which they both have grown remains with them. This often leads to inflexibility in procedure and planning and interferes with the treatment plans of other agencies. Evidence of this incomplete acceptance of the new philosophy is apparent in a number of procedures, all of which are not necessarily found in all departments, but which, where they do exist, must be taken into consideration. For example the use of police terminology with reference to the offense and the practice of automatically referring to the court all children involved in certain types of offenses carries over directly from the days when emphasis was on the offense rather than the child's need and tends to keep the offense foremost in the worker's mind. Investigations with threats "to establish the facts" come from earlier police and court practice and are inconsistent with attempts to gain the child's confidence and to

understand the child's problem. When a uniform treatment of all individuals implicated in an offense is rigidly adhered to, the offense assumes more importance than the child. On the other hand the practice of giving the child "another chance" on the basis of not being "too hard on him," with the implication that if he fails to "make good" he has not been appreciative, places the full responsibility for his act upon the child without regard to the circumstances influencing it. "Another chance" for Joe (p. 99) had little meaning as long as he was unable to work through some of his conflicts; and giving Terry (p. 100) another chance without realizing his temporary lack of supervision and without helping to make this supervision adequate, would not have resulted in a favorable response.

A probationary period also bears the connotation of a sentence when an extension of it, actually made for the purpose of continued support to the child, is thought of as further punishment. The practice of routine reporting tends to make the objective of probation reporting rather than the study and treatment of individual needs, unless time is spent on constructive interviews. Where the responsibility of the probation officer is terminated at the end of probation without consideration of the problems the child is still facing or the possibility of securing help for him from another source, emphasis is clearly not on long-time planning for the child.

In addition to the procedures growing out of their historical background, which if not recognized tend to defeat the objectives of law-enforcing agencies, the fact that both the juvenile police and the juvenile courts are parts of or closely related to organizations whose major work is with adults, tends to place limitations on their freedom in setting up practices suitable for work with children, particularly when the juvenile division is not given complete jurisdiction over juvenile cases. In St. Paul, for example, during most of the time that the project was active the auto-theft division reported all juvenile cases to the juvenile division but kept responsibility for the disposition of these cases. As a result a difference was made in handling juveniles on a basis of the offense rather than the child's needs.

Both the court and the police are set up to investigate and dispose of cases within fairly definite time limits. This may lead to inadequate study of the problems of the child and failure to use social agencies in planning prior to the disposition of the case, unless the social agencies realize that the police and court must make dispositions in a reasonably short time and gear themselves to quick action on referrals. The

court's obligations to the community may at times interfere with its freedom to work out the most suitable plan of treatment for the individual child. The lack of men case workers in social agencies sometimes makes the police and probation officers reluctant to refer older boys for service. There are many social agencies in a community and these vary greatly in their skills and their understanding of problems confronting the police and court. The police and court must understand these differences if they are to use the agencies wisely and with satisfactory results. This agency complexity may be a very real obstacle to a coordinated community program.

Differences in attitudes work against successful coordination and must be understood and taken into consideration. Variations in the amount and kind of training needed or available for policemen, probation officers, and social workers lead to marked differences in attitude toward behavior problems in children, the responsibility of the child for his own acts, and the place of punishment in treatment. The law-enforcing officer often looks with suspicion upon the social worker on the grounds that he is not "tough enough" on the delinquent, while the social worker, fearful that the police may be "too tough," may become overprotective of the child. The social worker with limited understanding of obligations of police and court workers often fails to give helpful information in making plans with them, or to take into consideration their proper functions, obligations, and limitations. From experience with some inadequately equipped agencies the probation officer may develop a distrust of the ability or willingness of social workers to work directly with the child, which may lead him to refuse to delegate this responsibility even when there are indications that agency rather than court supervision is desirable.

Many of these problems sound trivial and prove trivial when faced frankly by supervisors and workers in both agencies. Yet in the routine discussions between the project worker and law-enforcing officers, it became apparent to both that it was these differences in background and the intangible attitudes arising from them, that stood in the way of developing mutual respect. Unless faced and discussed objectively on both sides, these attitudes may make it impossible to study and plan together for the best interests of the child.

The plan of assigning one member of the staff to contacts with law-enforcing agencies proved an effective means of uncovering many of the difficulties that arise in a closely coordinated program, and also of meeting these difficulties. That a worker was selected who had already

had some experience with law-enforcing agencies also proved a definite advantage. His background gave him a better understanding of both fields and made him more acceptable to both. From the beginning the members of the law-enforcing staff were able to accept him as a person who although identified with the project, a social agency, also understood law-enforcing agencies and their methods. Accepted by both groups, the worker was able to interpret the attitudes and obligations of one to the other and aid both in adapting their methods to the interests of a cooperative program.

Delegating one person to be responsible for all intake from law-enforcing agencies eliminated the difficulties that arise when the law officers have to determine the type of social service needed by the child and sped up the whole referral process. In one conference the worker and officers could review a large number of cases and come to a decision about which ones needed further service, which ones needed no further service, and which ones needed further investigation before a decision could be made. The social worker could then consult with the central registration office and any agencies that might have pertinent information and bring this information to the attention of the police or court before a disposition of the case was made. In his dual role he could explain police and court methods to the social workers and the many types of service to children available in the community to the law-enforcing agencies. He was in a position to see minor irritations as they arose and to keep them from developing into unsurmountable obstacles. As obstacles in organization or method were recognized, representatives from both groups could be brought together to discuss them and to make plans for more effective use of both services.

By the time the project closed a cooperative working relationship with the police had been developed which showed what might be accomplished in the community as a whole. The police had remained willing for the project to investigate and treat all cases which were not to be taken to court, and had begun to refer cases for treatment that formerly might have been sent to court. Many more children were being referred to the project prior to police disposition and the police themselves were becoming better able to explain the services of the project to the parents and children. Treatment itself was much better coordinated. The project's reports on cases under treatment kept the officers informed about these children and their progress and allowed them to see at first hand the factors that make for successful treatment

and the obstacles to carrying out a treatment program. As they gradually learned the importance of a consistent approach to these problems and the need for consistent treatment, the officers began to report to the project workers any contacts they had with the children, thus making it possible for the project workers to incorporate all contacts into the treatment program.

### EARLY RECOGNITION OF PROBLEMS

Our knowledge of behavior problems in children and of the early symptoms of maladjustment suggest that law-enforcing agencies are not in a position to identify problems at an early date. Their immediate responsibility is with children who show maladjustment by general incorrigibility and by violating laws and ordinances, or who are in need of protection. They are not in a position to observe minor changes in attitude that may be the forerunners of more serious trouble. The problems coming to them will, in general, be of long standing and from older age groups. The median age at referral for the major referral sources is shown on page 94. The figures indicate that, even when emphasis is placed on early identification, law-enforcing agencies are not in a position to identify more than a few children when the earliest symptoms appear. Table 14, which compares the median ages of children referred to the project by the law-enforcing agencies during each year, lends further weight to this conclusion and suggests that while increased sensitivity to the possible implications of early offenses may cause officers to refer some of these children to social agencies before the problem becomes too serious, alertness on the part of law-enforcing agencies alone will not lead to early identification of all problems.

TABLE 14.—Median age for referral from law-enforcing agencies by years

Years	Number referred	Median age at referral	
		Years	Months
Total.....	1 173	13	6
1937.....	66	13	4
1938.....	29	14	10
1939.....	28	13	6
1940.....	17	13	6
1941.....	21	12	6

<sup>1</sup> 4 children were referred by the law-enforcing agencies whose age was not recorded.

There will, however, be some children whose problem behavior comes to the attention of the law-enforcing agencies before other groups in the community are aware of the difficulty and therefore, although their coverage is not wide nor their contact close, the contribution of law-enforcing agencies to early identification cannot be ignored. Among problems with which they will have first contact are some arising out of inadequate supervision of leisure time and inadequate recreational facilities. The child in search of excitement or of a place to play, may come to the attention of the police for some minor infringement of the law which may be the first indication of an unfulfilled need. If this is immediately recognized and met, the more serious problems that arise out of continued lack of supervision may be prevented. At this stage the introduction to an adequate recreation program may be all that is needed whereas, if the problem is allowed to develop, treatment that involves changing attitudes that have become firmly set may be necessary. The child whose contact with delinquent or semidelinquent gangs is the first sign of impending delinquency may be identified by law-enforcing agencies. Terry (p. 100), for example, had become involved with a delinquent gang during a temporary laxity in his supervision. By carefully studying his needs and explaining them to his parents it was possible to adjust a situation which, had it continued, might have resulted in serious antisocial behavior. Problems which arise from membership in groups with low social and ethical standards often show themselves through conflict with the law.

Problems of the passive, conforming child may also suddenly express themselves by a delinquent act. Rob (p. 101) was 11 years old when referred to the project. He had come to the attention of the police because of stealing in the company of an older and seriously maladjusted boy. Investigation brought to light that although known in school as a serious and conforming child he had recently, apparently without provocation, thrown a resentful and hostile note into the room of a well-liked teacher. Further study revealed a neurotic mother under whose influence Rob was becoming increasingly disturbed. Only by tremendous effort was he able to control himself and give the superficial impression of conforming behavior. At times his control gave way and his disturbance showed itself in definitely antisocial behavior. Treatment for Rob and his mother was obviously needed if he was not to become involved in more serious difficulties.

Too often with a child of this kind the problems are not recognized



or are not treated seriously at the time of the first offense, because of the child's reputation for good behavior. No offer of service is given at a time when the child might be helped to find an acceptable release for his conflicts. As a result the child becomes increasingly unhappy and may resort to delinquent behavior at some later date.

The project, interested in the role of the police in early identification of problems and in the extent to which a close coordination between the police and social agencies in the community would prove beneficial, made an investigation (September 15, 1941, to March 31, 1942) of all children living in the area who came to the attention of the police, in order to determine their need for further service. At this time contacts with other referral sources in the community were well developed and satisfactory relationships with the law-enforcing agencies had been established, so the results may be considered representative of the part law-enforcing agencies can play in early identification in a relatively well organized community.

The study of the 63 children coming to the attention of the police during this period may be summarized as follows:

Referred to juvenile court.....	10
Not referred to juvenile court.....	53
Receiving case-work service.....	24
Not receiving case-work service.....	29
Service needed.....	20
Service not needed.....	9

When we consider that only 10 of the 63 cases coming to the attention of the police during this period, appeared to need juvenile-court action, and that only 9 were considered to need no service, we are faced with the fact that a large proportion of these children have problems with which they need help beyond that usually available from law-enforcing agencies. There were 24 cases which were already active with social agencies. For the welfare of the child, both the police and the agency must develop their contacts into a meaningful whole. In no other way can the child be given respect and appreciation for authority or helped to understand and control his behavior. The 20 children not known to social agencies and yet in need of service emphasize the fact that the police must not be ignored as a referral source for children with problems. As other agencies become more alert to early symptoms the police will have less need for referral, but there will always be, as we have indicated, children who first show their

symptoms of maladjustment in delinquent behavior and for whom it is necessary that satisfactory channels of referral be maintained.

It was supposed that the difficulties in developing a satisfactory treatment relationship with the child and his parents at an early stage in the problem's development would be greatest in referrals from law-enforcing agencies, so it was in this field that special attention was given to the problems involved in making first contacts. The difficulties in this area were primarily in making successful contacts with the child who had come to the attention of the law-enforcing agency for some minor offense, in itself unimportant, which neither the law-enforcing nor the social agency wished to emphasize, but which nevertheless suggested that the child's needs were not being satisfactorily fulfilled; the child whose contact with the police warranted only a "warning," but whose personal problems were such that future unhappiness, if not serious delinquency, was in store for him. In these cases the parent and child, naturally enough, often wish to consider the delinquency an isolated event, one that "won't happen again," and should be forgotten. In contrast, the child whose behavior has involved him in acts definitely harmful to society is often more receptive of service because the serious consequences of his act are apparent to all and the need for help in controlling such behavior obvious to him and his family.

The project staff and police officers therefore turned their attention to an analysis of the problems involved in approaching children referred by the police on the basis of a trivial offense. As already described, indirect approaches to the child and family were often used. The child who was having difficulty in his school or who appeared in need of a more satisfactory leisure-time program would be approached by the project worker on the basis of these problems. No mention would be made of the police incident or of any connection the worker might have with the police. In this way the treatment relationship, despite its law-enforcing aspects, could often be developed without being a threat to the child or parent. This proved to be an effective procedure in many cases. However, as the project work with the law-enforcing agencies progressed, it appeared that failure to establish satisfactory contacts with the child and family on the basis of the actual offense was not due so much to the police contact, as to the fact that neither police nor agency were handling the problems skillfully. When skillfully handled, the agency could often establish a satisfactory relationship on the basis of the police incident. This, however, demanded careful

timing and interpretation and could be accomplished only when the individual workers in each agency approached the problem with proper regard for the work that the other was doing.

The need for an indirect approach was often a result of poor timing. These were the cases where the specific situation in which the child was involved had been discussed with the parent and child and disposition made by the police, before a referral to the project had been made. Because of other pressures the project worker might not see the child or family for some time after the referral so that by the time the service was actually offered to the child the police incident had already become a closed book and in the mind of the child and his family reopening it was neither appropriate or needed. Under such circumstances a successful contact could only be made on the basis of some continuing need and an indirect approach would be necessary. With better timing, however, it was often possible to establish a relationship on the basis of the police referral. Under such conditions the officer, understanding the interrelationship of the services, might explain to the family that the police intended to take no action but that a worker from the project would get in touch with them to see if the project had anything to offer that might be of help to the child. Except in cases of marked antagonism to the law-enforcing agency, if the project worker contacted the child and family while the police explanation was still fresh in their minds a meaningful relationship might be established. Where it was possible for the worker to be present at the time of the police interviews with the child an immediate and direct contact might be made which would be developed into a successful treatment relationship.

The two important factors in establishing a successful relationship in this type of referral proved to be timing and interpretation. Because the police do not maintain contact with the family, the agency must make its contact quickly so that a relationship based on fundamental needs will have been established by the time the police incident drops into the background. If the agency delays the initial contact it will often be forced to make an indirect approach if it is not to be guilty of emphasizing the symptom rather than the need.

Table 15 shows 138 cases known to the project in which delinquency was involved in the referral and the avenue of approach clearly indicated in the record. It should be noted that the project was successful in establishing a treatment relationship in 70 percent of these cases where delinquency was a reason for referral, and that by far the largest

number were approached directly on the basis of the police incident. As these figures include all cases from the beginning of the project, it seems possible that had we considered only cases using the skills finally developed by the police and project workers a higher percentage of direct successes would have been recorded.

TABLE 15.—*Cases in which delinquency was a referral problem by approach made and success in establishing treatment relationship*

Avenue of approach	Number ap- proached	Number success- ful	Avenue of approach	Number ap- proached	Number success- ful
Total.....	138	96	School.....	25	21
Police.....	72	50	Group work.....	14	8
Court.....	11	8	Other.....	16	9

### ***LAW-ENFORCING AGENCIES AS A RESOURCE IN TREATMENT***

A program of prevention and treatment of maladjustment in children places emphasis on early identification and treatment before the problem becomes sufficiently acute to come to the attention of law-enforcing agencies. In its relationship to law-enforcing agencies such a program also tends to stress the ways in which social agencies can help the police and court carry out their objective of treating the child on the basis of his need.

In the project experience it appeared that social agencies could be of assistance to law-enforcing agencies in a number of ways. The police, although not generally a treatment agency, are in a key position to determine the course which the treatment of the juvenile offender shall take. Should the child be warned and released with no further notice taken of his offense, should he be brought to the attention of some agency in the community, or should he be sent on to the juvenile court, are all questions that the police must answer. No hard and fast rules can be laid down and a wise decision often rests upon knowing more about the background of the child under consideration. Social agencies can be of definite assistance in locating and furnishing this additional information upon which to make a sound decision. Where a referral to the court does not appear necessary and yet the child is in need of service, such as a change in environmental conditions or intensive psychotherapy, the social agency also provides a resource for meeting these needs. The court itself, although it may have case-work resources of its own in its probation

officers, has need to call upon social agencies. It may be necessary to coordinate its treatment with that of other agencies already serving the family or to draw on types of social service in a community that may not be under the administration of the court, such as group work, psychological, or psychiatric service. Cases also come to the court that can be best treated under other auspices and the court may wish to delegate responsibility to some other agency. Terry (p. 100), for example, had problems which resulted in delinquency and an appearance before the court. His basic problems, however, related to school adjustment and parental guidance. His court appearance called to the parent's attention the fact that, in their anxiety over the health of the older brother, Terry had been neglected. Since they were eager to make up for their oversight and had no need for authoritative supervision, work with a social agency in the community seemed a more constructive disposition of the case than supervision by the court. These are the sorts of contributions that social agencies can make to the work of law-enforcing agencies.

What of the contributions of the law-enforcing agency to the social agencies? What of the role of authority in the over-all treatment program? The police and the court have their role to play in treatment as well as in the identification of problems and social agencies in many instances need their advice and assistance. When wisely used, the authority of the law-enforcing agencies may be a most effective instrument in treatment. The child who has not learned to recognize the reality of social controls may need to experience the authority of the police or court before he can recognize that society as a whole insists on disciplined behavior on the part of all its citizens. Homer (p. 102), for example, was the son of overindulgent parents. As he grew older his behavior became more and more uncontrollable. His parents, recognizing that their leniency was in part responsible, attempted with the help of the project to deal with him more firmly. Although contacts with the project gave Homer some insight into his difficulties he was unable to accept the authority of his home until the police, because of his uncontrolled behavior, held him in detention over a week end. Direct contact with the agency to which the community delegates authority to control individuals who do not control themselves opened Homer's eyes to the reality of social controls and resulted in making him much more accessible to continued treatment.

The authority of the court may be a necessary resource in the treatment of cases where unwise parental authority or neglected parental

responsibility are contributing to the child's problem and preventing the establishment of an effective program for his development. Or it may be needed to make available institutional care. Joe's (p. 99) increasing sense of guilt, that could only be relieved by punishment, made it impossible for him to make use of the services in the community unless some element of punishment was involved. Until he had been committed to the Boys' Farm and felt that he was in some measure paying for his unsatisfactory behavior, it was impossible to pierce his fatalistic attitude of being unable to help himself.

The knowledge which the police and probation officers have of adverse community conditions, such as the presence of delinquent gangs and low-class commercial recreation, is essential in developing a satisfactory community program.

The usefulness of the police and court in the therapy of individual cases where a carefully worked out plan had been developed, was readily recognized by the project. What effect, however, did the police and court experience have on the rank and file of the children coming to the project? On children for whom the contact was not planned?

It was not possible in every case for project workers and law-enforcing agencies to agree on what was the best plan. Some children for whom the project staff would have advised treatment without court action were thought by the police to need referral to the court. The police officers were not equally skilled, and sometimes intensified the child's problem by their handling of the case. Even with the best intentions on both sides, there were misunderstandings that resulted in programs that did not, on the surface, seem adequate. Although not always in agreement, both the law-enforcing agencies and the project staff, once a procedure had been put into effect, attempted to make the experience a constructive one for the child even though supportive treatment might be all that was possible.

When viewed in retrospect, how detrimental do these apparently ill-advised contacts with police and court prove to be if every effort is made by skilled workers to help the child interpret his experience constructively? The staff of the project were surprised to find that only in two cases could the contact with law-enforcing agencies be judged to have been detrimental to the child on the basis of information available at the close of the project. (This judgment was based on 255 cases. In 3 of the 258 cases known to police and court, there was not enough evidence available to determine the effect of the contact.)

This does not mean that in all other cases these contacts served a useful purpose in the child's development, but that when police and agencies are working closely together, incidents that might in themselves have had some damaging effect upon the child can, through joint planning with skilled workers, be offset or turned into a constructive experience. Tom's case (p. 101) is illustrative of this point.

Tom and another boy were picked up by the police when found with some brass fittings stolen from the school they attended, which was outside the project area. Tom was a shy, withdrawn boy who appeared quite unhappy. He was disturbed about this episode and the disgrace involved. Feeling that additional contacts with the law would be harmful for Tom, the police officer wished to refer him informally to the project and not to take the case into court. Tom's school principal, however, was so incensed by the theft and so insistent upon court action that the police found it necessary to file a complaint. It was arranged for a project worker to visit the family. After contacts with the family, the police, and the probation officer, it was recommended that Tom be placed on probation under project supervision. As contacts with Tom continued, the project case-worker was able to talk with him about his delinquency and unhappiness, and then with the aid of psychiatric and psychological advice, to plan a more satisfactory school and social program for him. By means of repeated explanations, the school's attitude toward him was modified and at the close of the project there was every evidence that Tom was viewing his police and court experience in its proper perspective and would maintain a satisfactory adjustment.

Experiences such as these led the project to conclude that case-work agencies may need to call upon the authority of the police and court to make it possible to carry on a treatment program and to help the child before his problems have developed to a point where successful treatment is jeopardized. It further concluded that while the authoritarian approach by police and court used ill-advisedly may by itself prove detrimental, skilled case work can in most instances, by working with both the authoritarian agency and the child, offset any initial damage and help the child to see the experience in its proper perspective and many times to use it constructively in his future adjustment.

### *EFFECTIVENESS*

Although the law-enforcing agencies, particularly the police, have a role to play in the early identification and treatment of children with

problems, in a community alert to the early symptoms of maladjustment it could be expected that fewer children would come to their attention or need their service than in a community where no emphasis was placed on the early identification of problems. A community, in which the primary sources of referral are active in bringing children showing minor behavior deviations to the attention of treatment agencies, and which has adequate facilities for treating these problems, might well consider the small number of children its law-enforcing agencies find in need of service, an index of success. It was with interest, therefore, that the project staff studied the records of the juvenile police and juvenile court during the years of the project's activity and compared the figures for the project area with those for the city as a whole. These figures are presented in tables 16 and 17.

TABLE 16.—*Comparison of number of arrests among boys from project area with those from the city*<sup>1</sup>

Year	Project area		City of St. Paul	
	Number	Index	Number	Index
1937.....	161	100	1,547	100
1938.....	159	99	1,603	106
1939.....	120	75	1,857	120
1940.....	100	62	1,672	108
1941.....	136	84	1,994	128

<sup>1</sup> Data from juvenile police of St. Paul.

TABLE 17.—*Comparison of number of cases disposed of in juvenile court from project area with those from Ramsey County*

Year	Project area <sup>1</sup>		Ramsey County <sup>2</sup>	
	Number	Index	Number	Index
1937.....	52	100	462	100
1938.....	30	58	405	88
1939.....	25	48	481	104
1940.....	18	35	510	110
1941.....	20	38	458	99

<sup>1</sup> Data from Ramsey County probation officer.

<sup>2</sup> Data from Ramsey County Juvenile Court Statistics reported to U. S. Children's Bureau.

The steady decrease in the number of arrests by the police and of complaints in the juvenile court during the first 4 years of the project, in contrast to the figures for the same period in the city as a whole, signifies that some factor or factors other than pure chance were operating. There would seem to be little doubt that the project's presence



in the area was at least one of these factors. The figures do not necessarily mean that there was a decrease in delinquent behavior in the project area during this time but they do show that much of this type of problem behavior was being dealt with, and from our treatment results we believe successfully, without calling upon the law-enforcing agencies and that given an agency equipped to handle children's behavior problems and a community alert to early evidences of maladjustment, much can be done to reduce the number of children coming before the police and court and perhaps eventually to reduce the amount of juvenile delinquency.

In 1941 (the last full year of the project's activity) the record for the project area was better than for the city as a whole but there was a reversal of the trend. The reason for this is not clear. Without the figures for the following years no conclusions can be drawn. It may have been a result of defense preparations immediately preceding the war. It may have been the result of less service being available to the police from the project during the first half of that year. (Due to the resignation of a worker and the difficulties encountered in replacing him, 6 months elapsed without anyone giving undivided attention to work with the law-enforcing agencies.) It may have been a combination of both factors. As a whole, however, these figures suggest that the increasing sensitivity in the project area to children's problems was resulting in many being identified and referred to the project by primary referral sources, thus reducing the number of children for whom service by law-enforcing agencies was necessary.

## **In Summary**

Certain aspects of the project's work with the schools and law-enforcing agencies in the area should be emphasized.

1. Schools and law-enforcing agencies, as basic community services, are in a position to influence many children and to detect those children who, in order to make a satisfactory adjustment to life and to function at the height of their capacity, need help beyond that which the home and the traditional community services are equipped to give.

2. The school by virtue of its significance in the child's life and its wide coverage of children has an opportunity to forestall many serious problems and, through its routine contacts with the child as well as through using its auxiliary services, to play an active part in cooperation with the social services of the community in the treatment of the more seriously maladjusted child.

3. The law-enforcing agencies by virtue of their function are more limited in their contact and in touch with fewer children. However their contact is often the first indication that a child is not making satisfactory adjustment and their method of handling this and the disposition they make of the case may be a decisive factor in determining the course of the child's future development.

4. It is probable that the number of children that will need to be identified by law-enforcing agencies is inversely proportional to the effectiveness of other community services in reaching children in the early stages of their problems.

5. The authority delegated to law-enforcing agencies by the community has important implications for the child's ultimate adjustment and if wisely used can be made a constructive force in the treatment of many children.

6. The most effective use of schools, law-enforcing agencies, and social services in a preventive program demands on the part of all an understanding and appreciation of the functions of each and a unified and consistent approach to the problems of the individual child.

7. Obstacles in the way of effective coordination prove to be of two types—structural and attitudinal. The development of a liaison service between the schools and the project and between the law-enforcing agencies and the project, coupled with a conscious effort to keep all groups informed about each child's total situation, proved an effective method of overcoming many of these obstacles.

# V

## GROUP WORK IN THE PREVENTION AND TREATMENT OF CHILDREN'S PROBLEMS

The importance of all groups and agencies serving youth in their leisure time, such as the YMCA, the YWCA, the Boy Scouts, the Girl Scouts, and groups under city-playground direction, was recognized in planning the project. Unfortunately, it was not possible to study the work of these agencies as it relates to other agencies in the community in the same detail that was possible with the schools and law-enforcing agencies. There were a number of reasons for this.

In the early development of the project it was planned to work through already existing group-work agencies, the project itself serving to stimulate greater community interest and activity in such programs. A staff worker with experience in developing interest in community programs was assigned to this work.

After some experimentation along these lines, it became apparent that the project needed to give service in the group-work field, as well as in the field of case work, as a basis for studying the role of such service in the prevention of children's problems. It was, therefore, decided to employ a group worker on the staff who could work with group-work agencies in the manner in which the school social worker was working with the schools and one of the case workers with the law-enforcing agencies.

It was with a great deal of difficulty that a group worker with the necessary training and experience was found and as a result the work with the schools and law-enforcing agencies was well under way before this program started. Already handicapped by the late start in the group-work field, the project encountered further difficulties when it became necessary for the group worker to give more and more time in an advisory capacity to the Washington office regarding group-work programs developing over the country as a result of wartime pressures.

It was, therefore, only at the close of the project that patterns that might be effective in coordinating group-work programs with other community activities were beginning to emerge and a basis for experimentation in the role of group-work agencies in early identification of children with problems and their treatment was laid. Although recognizing that its experience was limited and that many more questions are raised than answered, the project believes that its experience in the group-work field will be of value to those interested in carrying the work further.

Participation in group activities and the development of skills useful in group association are a necessary part of the child's experience if he is to develop into a happy and well-adjusted individual. Although the home is in a position to provide some of this experience and in many instances can help the child in his selection of activities it cannot provide the wide variety of experience or the larger group participation that individuals need. Responsibility for providing recreation facilities, leadership, and a program in which the child can participate according to his individual needs and interests should, therefore, be accepted as an inherent part of a total community program for children. As in the case of the schools the recreational and group-work programs of the community have been developed to meet the needs of the normally developing child. However, it is necessary for a community interested in prevention and treatment of problem behavior in children to make provision for children who are unable to profit from the usual group-work and recreational facilities.

The project, therefore, not only studied the recreational needs of all children in the community and stimulated services to meet these needs, but also studied ways in which group-work services could be adapted to meet the needs of the maladjusted child and in which case-work and group-work service could be combined.

The experience of the first 2 years of the project revealed that in spite of the scattered group activities in the area, continuous and varied programs for children living in the neighborhood were not available. The two playgrounds located near the end of the area were overcrowded and provided mainly for crafts, athletics, and some limited activities for boys and girls termed "co-recreational activities." Although these were later augmented by a public-school center, operated by WPA recreation leaders, the public facilities of the area continued to serve only a small number of the children and adults living there. Even when the private-agency programs of the YMCA, YWCA, Camp

Fire Girls, and Boy Scouts were considered the actual number of children served was small. At the beginning of the project, the private agencies were operating from 9 to 11 groups with participation in each group ranging from 10 to 50 children. The central buildings of some of these private agencies were located at too great a distance from many of the children in the project area thus making it difficult for them to take full advantage of the programs.

During its first 2 years the project also felt the need for advice and guidance in regard to the type of group activities that would most effectively meet the needs of the individual child who presented problems of the nature that come to the attention of a children's agency. There was a need for someone on the project staff who could explain the various community programs to the child and help him select those most suitable for him or, when no such program was available, help develop the type of group experience needed by the child.

To meet these needs a group worker was added to the project staff in August 1939. Under her guidance the project group-work program was developed along the following lines: (1) operation of school centers, (2) participation in a cooperative camp operated under the community fund and in the organization of a day-camping program under project auspices, (3) consultant service to group-work agencies operating in the area, (4) participation in the integration of case-work and group-work services through the supervision and leadership of protected groups and, (5) liaison and interpretive work developing more effective use of other group-work programs as resources in case treatment.

## School Centers

Recognizing the need for a more extensive recreational program in the project area, the project staff believed that locating facilities from which such a program could be operated was an important first step in developing the group-work programs. Several factors led to the selection of a school as the base of operation. Among others was the belief that the schools held possibilities for many communities without other facilities. In the project area there was already a precedent for using the schools in this capacity. A school-center program had been in operation under the direction of the WPA prior to the establishment of the project; the school selected was in the central part of the area and therefore accessible to all the children.

Arrangements were made by the project to operate a school-center

program in cooperation with the Department of Education and the WPA. The Department of Education supplied the building, some equipment, janitor service, and general supervision under an officer of the elementary-school physical-education program. The WPA provided recreation leaders and additional equipment. The project directed the program, recruited additional leadership, and trained all leaders on an in-service basis regarding the community-center program. The training dealt specially with the type of program needed for children and adults in the neighborhood and with the special needs of children receiving other services from the project. The project also assumed responsibility for stimulating neighborhood interest in the center and for serving in a liaison capacity between the principal and teachers in the school and the school-center program. This latter function proved of utmost importance since the use of school buildings for more than one purpose necessitated joint planning and mutual understanding. The teacher whose room was used for a club meeting in the afternoon might be annoyed by the fact that chairs and tables were not in their accustomed places in the morning unless she understood the purpose of the program and realized that the room was not purposely disarranged. The group leaders on the other hand, who were far removed from classroom routines, had to be impressed with the importance of leaving the building in such order that classroom activities could begin in the morning without delay. The importance of the program to the community had to be explained to both so that they could see its values as far overshadowing the minor inconveniences involved.

The group-work program began in the fall of 1939 with the continuation of a few groups which had used the center the previous year under WPA leadership and the organization of a strong teen-age group of approximately 25 to 30 members who were well known in the neighborhood and active in bringing boys, girls, and adults to the center activities as they developed. In 2 years the program developed to include basketball and baseball leagues, craft groups, young children's play groups, both indoor and outdoor, tap dancing, dramatics, puppetry, homemaking classes, adult classes in citizenship and homemaking, and a summer playground program.

Besides the activities described above, the rooms in the center were used as meeting places for the project's "protected groups" and for private-agency programs. These included the continuation of the already organized Camp Fire Girls and Girl Reserve groups in the

area and the organization and leadership of Hi-Y groups by the YMCA.

During the 3 years that this part of the project was in operation the individual participation for all activities was between 389 and 475 persons annually. Active participation and interest were shown by the local PTA and by a group of neighborhood men who supervised the ball league, worked with the project staff and school supervisor in maintaining public interest in the project, and raised money in the neighborhood to send children to camp and for other special events.

As a result of the work in the public-school center the project and the WPA were asked, a year and a half later, to operate a small center in a parochial school located in the same neighborhood. This responsibility was accepted and an activities program undertaken, which included a game room, basketball, several craft and puppet classes, and adult classes in citizenship and sewing. Two rooms and a large gymnasium in the parochial school were used as headquarters.

The recruitment of leaders for the school-center program and the in-service training program for them constituted an important part of the responsibilities assumed by the project. Besides the WPA staff the project recruited recreational aids from NYA, volunteer and student leaders from the university and other colleges, and neighborhood volunteers. Training included semiweekly meetings for all the staff and conferences with individual leaders at stated intervals after the project group worker had had an opportunity to observe his or her leadership. The psychiatrist and case workers from the project and outside people representing various community resources were asked to participate in the group meetings when topics related to their special fields were discussed. Both group and individual conferences were directed toward better understanding of the following: individual behavior in group situations and the application of group experiences to individual needs and interests; staff responsibilities in relation to the school-center program; and the methods and skills of leadership in terms of the individuals in each group and of the program for each group.

## Camping

Camping was one of the group-work services used by the project both as treatment and as a summer activity for participants in the school-center programs. The project participated during the summers of 1940 through 1942 as one of the agencies in a cooperative camp operated under the St. Paul Community Chest. This camp was available for

children from 11 to 17 years of age for a 10-day period each. The camp had a progressive program which was conducted on a unit basis and included special activities in swimming, crafts, music, dramatics, as well as over-night trips and other unit activities. The director of the project served on the camp committee as chairman. The project also supplied some of the staff for the camp. An additional group worker was employed on the project staff for the summer period and for other periods when the group-work load was unusually heavy, so that staff group workers could be assigned to the camp as unit leaders. A man worker was supplied for the boys' periods and a woman worker for the girls'. Children receiving case-work service from the project were assigned to units under these workers when it was thought a carefully controlled camp experience would be beneficial to the child but that he might not adjust to the less controlled give and take of other units. Children from other case-work agencies in need of a more protected experience were also assigned to the project group workers.

The project psychiatrist, in his role of physician, gave physical examinations for admittance to camp. Two factors influenced the decision to use the psychiatrist's time in this way. Each agency sending children to the camp had to contribute something to its operation. As the project had no financial resources to draw upon, its contribution had to be in terms of service. A second reason for the psychiatrist's serving in this way was that it presented an opportunity to become known to the children of the area in an informal manner, thus paving the way for establishing psychiatric contacts with those in need of such service.

At the camp itself individual records were kept on the adjustment and response of all the children to this experience of group living. The staff group workers in charge of units supplemented these reports by observation records of the children known to the project, indicating more specifically their behavior, their group acceptance, and the individual skills learned. In this way it was possible to integrate the child's camp experience with the total treatment program planned for him.

In addition to the cooperative camp the project operated its own day camp on a weekly basis during two summers. This was organized for children from 9 to 11 years of age. A settlement's day-camp facilities were loaned to the project for this purpose. When these were not available the Minneapolis parks were used. Neighborhood volunteers were used as leaders under the supervision of the project group worker.



Staff and campers met at the project offices on the designated day and were taken by bus to the location to be used, returning to the project headquarters in the evening either before or after supper depending on the plans for the day. The activities of the day included swimming, story-telling, archery, fishing, boating, nature hikes, and games. Forty children registered for individualized service by the project attended day camp; 127 of the 727 children given some individualized service by the project attended at least one type of camp during the time they were known to the project. Arrangements were made for a few children who could not be placed in one of the camps participated in by the project to attend one of the other camps operated by organizations in the city. These included the YWCA and YMCA, the Red Cross, and others.

### **Consultant Service**

As with all other members of the project staff, the group workers, in addition to a service program and consultation service to project staff members, carried a responsibility for interpreting the recreational and group needs of children to the community as a whole. The group workers took part in community planning for safe Halloweens and organizing neighborhood basketball and baseball leagues. They also helped to bring together a group of neighborhood representatives and agency executives to develop interest in camping for children in the neighborhood and to prepare a folder of summer activities in the area to be released through the schools. They gave direct service to individual group-work agencies in securing meeting places for them in the area and suggesting organizations and programs for new groups. They accepted board membership and special-committee assignments from agencies in order to help stimulate greater interest in community recreation and to plan more adequate programs. Consultation with agencies on the problems of individual children known to the project and participating in the programs of other agencies, or consultation when a child was being referred to the agency for their special program, proved other means of interpreting needs. The project group worker gave consultation service not only to other group workers but also to school principals, church leaders, and others, helping them to see how their facilities and activities could be utilized in a community program.

During the 3 years of the project group-work service, existing recreational and group-work programs were strengthened and definite interest was aroused on the part of the community in obtaining more

adequate service. This was shown not only in public acceptance of and interest in the school centers, but also in the extension of YMCA Hi-Y groups, the interest of the Catholic Youth Organization in the parochial school center expressed through providing some equipment and leadership, and the activities of the neighborhood committee in financing camps and organizing leagues. Due to the late start given to the program which did not allow time to do more than establish a foundation upon which to build, to the relatively inadequate leadership from WPA with its rapid turn-over, and to the limited time available from student and volunteer personnel, progress was slow and there was still much to be done at the closing of the project. Seeing its function as one of assistance and stimulation rather than direct operation of a program, the project would have liked to have withdrawn from the operating activities with the assurance that community and agency interest would continue and that adequate programs would be developed. But with agency programs materially affected by loss of personnel due to wartime conditions, it was not possible to do so without leaving a gap in the recreational services of the area that could not be filled immediately.

### **Case Work and Group Work**

Among the combinations of services used in treatment by the project were those involving group work. Because the close integration of group work with these other services, particularly within one agency, was a comparatively new development in social work which had not reached the degree of development that the psychiatric, psychological (including remedial tutoring), and case-work combination had achieved, the project gave special attention to this aspect of coordination. In the following discussion it will be referred to as the coordination of case-work and group-work services. It should, however, be remembered that in many of the cases more than the two services were involved and that the discussion actually centers around the coordination of the group-work service with all other services involved in planning for an individual child.

Because a group worker was not added to the staff until late in the project's development and because considerable time was spent in developing and operating the school centers and camp programs, there was not as much time available for the study of a closely coordinated case-work and group-work approach to children with problems

as was available for studying the work with the schools and law-enforcing agencies. Although the number of cases is small it is believed that the project experience in coordinating group work with other services will be of interest to other communities.

One hundred and eighty six of the 727 children registered for individualized service by the project received both case-work and group-work service. This number included children who received both services from the project staff, children receiving case-work service from the project staff and group-work service from some other agency, and children receiving group-work service from the project and case-work service from another agency. When both services were under the project's direction, there were various degrees of group-work and case-work coordination.

For some children the joint activity was unplanned. These were children participating in the school-center program as a part of their normal leisure-time activities who were also receiving case-work service. This case-work service was, however, unrelated to their group adjustment. They were children whose case-work treatment and group activities did not demand a carefully integrated program in which case worker and group leader worked closely together, but could proceed independently once it was ascertained that the child was receiving the type of service he needed from both.

Another group was made up of children receiving a planned case-work and group-work service from the project, but who were socially well-enough adjusted to participate in the school-center activities for children of their age and sex. These were children who needed opportunities for group experience but whose problems were such that they could profit from normal group association provided the leader and case worker kept in close contact in regard to the child's problems and the progress he was making.

The children for whom the services were most closely coordinated were those in the protected groups. These were children who were unable to adjust to the give and take of a normal group and who needed help in working out problems directly related to participation in group activities. These would include the shy, withdrawn child to whom the group was a definite threat and the over aggressive child who, because of his aggressiveness, was ostracized by the average group. Tables 18 and 19 show the number of children receiving each combination.

TABLE 18.—*Case-work and group-work combinations*

Combinations	Cases	
	Number	Percent
Total .....	<sup>1</sup> 186	
Project case work and other group work .....	60	31
Project group work and other case work .....	17	9
Project case work and project group work .....	118	61

<sup>1</sup> Unduplicated total. During the project activity 9 children received 2 combinations of service.

TABLE 19.—*Project case work and group work*

Degree of coordination	Cases	
	Number	Percent
Total .....	118	100
Unplanned .....	32	27
Planned .....	86	73
Protected groups .....	36	31
Others .....	50	42

### GROUP WORK AS A SOURCE OF REFERRAL

Table 5 shows that 62 children, or 8 percent of those receiving individualized service from the project staff, were referred from group-work agencies. This number includes children referred from the school center at the instigation of the project group worker as well as those referred from other group-work agencies. When one considers that group workers, like workers in the other primary referral sources, are in a position to see children in their normal day-by-day activities and so to note early signs of maladjustment, such as continually being the center of friction on the playground or never participating fully in any activity, it is surprising that there were not more children referred from group-work sources. There were, however, a number of factors that stood in the way of group-work agencies developing into a major source of referral during the project's activity. Primary among these was the fact that the project group worker was not available until the project had been in operation for a period of about two and a half years. Although other staff members had made contact with the group-work agencies in the area, these agencies were in contact with relatively few children and not until the school-center program had been developed was it possible to observe large numbers of children in organized group activities.

By the time the center program was under way, channels were already well established with the schools and the police and many children that might have been identified through the group-work program were already known to the project. This was apparent from the number of children known to the case workers who showed signs of maladjustment when observed by the group worker at the case worker's request. The behavior of many of these children was such that the alert group leader would have noted it immediately and referred the child for more individualized service had she not been aware that such service was already being given. There were children referred by the group worker for case-work service before she knew that the child was already receiving this service. It is unfortunate that the exact numbers are not available, but many of these referrals were of an informal nature between workers on the project staff and were not recorded when it was ascertained that the child was receiving service. It seems possible that had a group worker and a well-organized school-center program been available from the beginning, group-work service would have developed into a major referral source.

Some mention should be made of the methods used to sensitize group leaders to the importance of early identification and of the difficulties that were faced in so doing. Because the project group worker had supervisory responsibilities for the group leaders in the school-center program, the process differed in some respects from the case-by-case method employed with other community agencies where no such direct relationship existed.

The first step toward increasing the leaders' sensitivity to these children was taken in the in-service training conferences for all leaders—volunteers, students, and WPA. Here the psychiatrist, case workers, and other staff members discussed the significance of various types of individual behavior in group situations and pointed out that undesirable behavior many times had its roots in unsatisfactory family relationships or some undesirable situation in the child's school or community which could best be handled by case-work techniques.

In addition to participating in the general discussion the project group worker also emphasized in conferences the need to differentiate between undesirable behavior resulting from the child's basic dissatisfactions and undesirable behavior that developed because of the leader's failure to provide the necessary understanding, skills, or activities. This was further stressed in her individual conference with the group leader after she had observed the group in operation.

The project group worker observed each group in the center program as part of her general supervisory responsibility. She also observed individual children in their group activities whenever a group leader wished to refer a child for individualized service. On the basis of this observation and the accompanying discussion with the group leader of the child's behavior a decision would be made as to whether referral for case-work service should be made. If the child was to be referred arrangements would be made for a case worker to clear the case with the social-service exchange and to examine other agency records. A joint conference with the case worker, the project group worker, the group leader, and if necessary the psychiatrist and psychologist, would then be held to discuss the additional services needed by the child and to plan a joint case-work-group-work program should this be needed.

If the group leadership had remained stable many children in need of help would undoubtedly have been identified, but the rapid turnover in leadership proved a handicap that could not be ignored. The WPA, student and volunteer leadership involved constant changes in personnel, as WPA transfers were made, university courses changed, and volunteers found themselves unable to adapt their time to program needs. A further handicap was the fact that many leaders, particularly the volunteers and students, were limited in the amount of time they could give to conferences and discussions. Many group-work programs are dependent upon volunteer or part-time leadership and this should be given careful consideration in further study of group work as a consistent source of referral.

### *CASE-WORK REFERRALS TO GROUP WORK*

The appropriate referral of children receiving case-work service to group-work agencies requires consideration. At the beginning of the project these referrals were made directly by the case worker in conference with executives and leaders of group-work agencies operating programs in the neighborhood or community. The YMCA program, especially the neighborhood "Y gang" program, the Girl Reserves of the YWCA, and Camp Fire Girls were the chief programs used at this time. However, without group-work advice the staff was not always sure that the program selected was the one best suited to the child's needs. With the establishment of group-work service in the project the responsibility for making referrals to these community agencies, as well as to groups at the school center, was put into the hands of the

project group worker. To enable the group worker to carry on this work effectively the problems of children receiving case-work service from the project who appeared to need group-work service were presented to her by the case worker, and she in turn explained the programs of the group-work agencies. Then the case worker and the group worker together with other members of the project staff who knew the child, discussed the child's problems in relation to available programs and decided whether any of these programs would meet the child's needs.

If it was found that a community agency was operating a program suited to the child, the project group worker would make the contact with the agency and arrange a joint conference to include the project case worker and group worker and the supervisor of the other agency. Should psychiatric or psychological advice be needed, these workers also would be included. In this conference the child's needs and the group activities available from the agency would be discussed and a combined approach to the child's problems planned. The same procedure was also followed in using the school-center program, although, since it was under the direction of the project, informal conferences often replaced the more formal ones held with other agencies.

Sometimes the preliminary conferences with the project group worker revealed that there was no group available with program or leadership that would meet the child's needs or, as in the case of Carl (p. 34), that the child was not yet ready for any organized group experience and that he should have an opportunity to solve some of his other problems before being introduced to a group.

It was part of the group worker's responsibility to aid in the organization of groups to meet the needs of children who could not fit into those already established. Where a child was a member of a natural neighborhood gang this might take the form of stimulating the group's interest in forming a club which would meet at the school center and participate in center activities. Where a child was too maladjusted to profit from participation in a so-called normal group but nevertheless needed group activity, it might be necessary to develop a group in which pressures could be controlled. These were the project's "protected groups."

### ***PROTECTED GROUPS***

Group therapy with children whose maladjustment is so severe as to be incapacitating has already met with success.<sup>10</sup> This, however, is a

<sup>10</sup> Slavson, S. R., *An Introduction to Group Therapy*. New York, The Commonwealth Fund, 1943.

highly specialized treatment technique and was not undertaken by the project because of the lack of adequate facilities, program material, and continuing leadership. Nevertheless, between the essentially normal and the definitely disturbed child there are a large number of children who, while far from being incapacitated, are still handicapped to such a degree that the average group experience serves as a definite threat to them. This was the case for both Helen (p. 17) and Carl (p. 34), whose problems in group associations are representative of other children known to the project staff.

It was for these children that the protected groups of the project were organized. These were small groups of from 3 to 12 children whose organization and program were planned around the specific needs of the children as determined by the case worker and other members of the project staff, with emphasis placed upon preparing each child for full participation in the regular community programs. Although such groups demanded a more individualized approach than the normal group, it was believed that they could be established in any community as part of the program of recreational and youth-service agencies.

Six protected groups were organized by the project. Thirty-six of the children participating received both case-work and group-work treatment. Others attended because of some close association with children for whom the groups were formed. Three groups were for boys and three for girls; three were continued for a period of 2 years, two for 1 year, and one for a period of only 3 months. This latter group was made up primarily of boys from 15 to 17 years of age who had already been involved in delinquent activities. The project's lack of success in working with them as a group was due largely to the fact that there was no man leader with sufficient skill to work with the boys. The boys in the other two groups were younger, their ages ranging at the time the group was established from 10 to 14 years. The ages in the three girls' groups at the time of establishment were from 8 to 14 years.

The facilities used for these groups included the conference room at the project's headquarters, rooms in the school center and in one of the other school buildings and, during the summer, day-camp facilities. The leadership was provided directly by the project group leader or by graduate students in group work from the School of Social Work at the University of Minnesota under the project group worker's supervision.



The leaders kept detailed records of all these groups describing the content of the program which under their guidance was determined by the members; the response of the children; and the relationship of the children to the leader and to each other. They also kept records of the contacts with each child. These as well as the case-work records were available to all the project staff and provided material for the conferences between case worker and group leader in which problems arising in both case-work interviews and the group situations were discussed and next steps in treatment planned. Some difficulties were encountered by group leaders in recording the behavior of individual children in the group situation and in individual contacts with group leaders in a manner that could be useful to other workers. The group records themselves, with their emphasis on group activity as a whole, were originally so organized that information about any one child's participation was difficult to obtain. The summarizing of each child's activity at the end of the record with separate records of individual contacts with each child did something to counteract this handicap, but it was found that the leaders tended to over-emphasize information obtained from the case worker rather than to place emphasis on their own observations. At the close of the project there was still need for a system of recording that would meet the needs of all workers without sacrificing the values of the group records or becoming too time-consuming to be practical.

The activities of the protected groups included swimming at the central YMCA and YWCA buildings, trips around the Twin Cities, hobbies and crafts, games and parties, and informal dramatics. There were also general meetings in which the children planned activities or, if interest in club organization was shown, elected officers and transacted business. A review of the records shows that mobile types of activity such as trips, hikes, and day camps were of greatest interest, particularly to the boys. The leaders developed enough general interest in other activities to give children interested in them opportunity for model-airplane building, modeling, and other crafts. Both the group records and case-work material show that in most instances the participation of the children in these protected groups continued over the years the group met, and that many of the children showed new skill or increased skill in crafts, progress in adjusting to group pressures and tensions, and increased understanding of their relationship to friends and adult leaders.

More important than the skills and knowledge acquired, was the

progress the children made in adjusting to group pressures and tensions and their increased understanding of their relations with other children and with the leader and other adults. This required great skill from the leader for these were children for whom the group experience had to be tempered to their ability to adjust. It was necessary for the leader to be alert and sensitive to the group pressures upon each child and to be able to divert or reduce them when they became too severe, either by introducing some new element into the situation or when occasion demanded by a mild use of authority. For example, when friction between two boys became too intense, the leader might divert one of them by asking him to help another boy, or get some material for the group.

The interplay between case worker and group worker became most important in helping the child toward a more satisfactory social adjustment. The group leader could know at what points to give the child support in the group situation only if she was aware of progress being made in the case-work treatment, and it was only as the case worker knew of the problems arising in the group situation that she was able to help the child toward a clearer understanding of the part he had played. Helen (p. 17), for example, often withdrew from the group when pressures to subordinate her own desires became too heavy. Neither the case worker nor group worker felt that it was for the good of the group as a whole or Helen herself to prevent this action at all times. The group leader, however, influenced the group to accept Helen's first overtures to return which many times occurred only after Helen had had a chance to talk over the situation with the case worker. It was important in such instances that the case worker understand what had happened and help Helen see her part in the total situation.

Close coordination of services was necessary not only after the protected group had been organized but also in the organization itself. These children had already experienced difficulties in their group contacts and might refuse to participate unless the group was presented in terms of interest to them. As with all project services, great flexibility was exercised in the manner of presentation. Much depended upon the relationship of the child to the case worker. Sometimes the case worker would suggest that the child join a group where he would be able to develop special interests. On the basis of this interest the child would meet the group worker who would discuss the activities of the protected group that appeared best suited to him.

In instances when the child had already talked with the case worker about his difficulties in getting on with others the worker might suggest that he would find it easier in a small club and offer to talk over such a possibility with the group worker. Sometimes the child would be invited to help in forming a new club or if the child had a friend in one of the protected groups the friend might be asked to invite him to join the club. Where the child had a special friend who was not a member of the group the suggestion might be made that they come together to the next meeting.

In whatever way the child was urged to join, whether by case worker, group worker, or a member of the group, every effort was made to see that he was accepted by the group. In every instance the case worker and group worker had discussed the child's problems and the type of group needed and had decided upon the best method of approach.

Such close coordination of case-work and group-work service, when introducing the child to the group and during his activity in it, demanded not only regular conferences when progress was noted and plans for the future charted, but also frequent informal meetings between case worker and group leader to decide how to handle some unexpected situation. This was easily accomplished in the project where all services were under one administrative head and where group leaders and case workers had the same headquarters. It would present greater difficulties if separate agencies were involved, but opportunities for such conferences should be provided if an effective protected-group program is to be developed.

Many of the children were still in need of a protected group when the project closed. Others had joined normal groups while continuing with the protected group. One group at the end of its second year became the nucleus of a Girl Reserve group in the area. Time was not available to follow the adjustment of all these children in their normal group activities but there was every indication, as in the case of Carl (p. 34), that many would be able to handle the normal group situation well or, as with Helen (p. 17), that great strides had been made toward adequate community adjustment which should continue if a moderate amount of support was offered by the community.

### ***NORMAL GROUPS***

The procedures for children for whom attendance was arranged in a normal group, either under the project's supervision or the supervision of another agency, were similar to those for the protected groups.

The chief difference lay in less detailed group recording and fewer conferences between group leader and case worker. In all cases either the case worker or the group worker would explain to the group leader the child's needs and the benefits he was expected to derive from participation. Places where difficulties might arise were pointed out and the leader's cooperation enlisted in reporting any difficulties the child encountered. These children did not require the same protection from group pressures nor was there the same need for case worker and group worker to follow in detail the progress made in group meetings. In most instances a general statement of progress in each field met the needs of the situation. The group worker could, therefore, record general group activity without noting each child's reaction. Only when a child's behavior was in some way outstanding was it considered necessary to note individual participation. Regularly scheduled conferences or follow-up interviews were usually all that was needed with many fewer meetings to plan the approach to a specific problem.

In both the protected groups and the normal groups a closely coordinated program was always carried on around other than problem behavior. Case worker and group worker called upon each other's services to facilitate planning and to carry out programs. The case worker, for example, would often inform the child of a change in time or place of a group meeting and in so doing take time to talk with him informally about his progress. When physical examinations were needed for some activity such as swimming the case worker might follow the general announcement to the group with some interpretation to the family. Camp or club activities often involved making arrangements with the family which could be done best by the case worker with whom the parents and child were used to discussing individual problems. On the other hand, it was often possible for the group worker to give the child a message from the case worker regarding the time of an interview or a home call or to make some casual inquiry about the home without giving this undue emphasis.

The integration of group work with the other services of the project proved to have many values for the general program of prevention and treatment of behavior problems in children. Chief among these was the opportunity it afforded for unified planning not only for individual treatment but also for group participation. It made possible the study and observation of the child in a group situation and presented oppor-

tunities for the child to become better able to handle his relationships with other children and with adults.

The steps basic to joint planning were, first, the formulation of a treatment plan based on adequate study of the child by both case worker and group worker; second, the division of responsibility between the case worker, group worker, and group leader so that each saw his role in reference to the others and to the total treatment plan; third, the maintenance of easy and frequent communication between group supervisors, group leaders, and case workers so that the treatment program remained flexible and could easily be changed to meet the needs of the individual; and fourth, careful recording of the group leader's individual contacts with the child as well as his observations of the child in the group, and careful recording of joint conferences between case worker and group worker both at referral and during treatment.

The integration of case work and group work under one administrative head or the coordination between separate agencies is not attained without effort on both sides. As with the schools and the police, differences in training and philosophy may stand in the way of a unified approach. Here again, each may look to the other to perform the impossible. Overlapping functions and difference in methods of recording may cause confusion. The case worker may expect the group leader to have the same understanding of individual behavior that she does, or the group leader, interested in the accomplishment of the group as a whole, may find it difficult to direct as much attention to the individual child as the case worker would like. Once more it is necessary for the two services to interpret to each other their goals and methods and to discuss ways in which they can be reached and carried on in close cooperation.

At the close of the project there was still need for experimentation and study of the integration of case-work and group-work services in a community. The project staff believes, however, that its experience demonstrated the usefulness of such an approach and some effective methods for carrying it out.

## VI

### EXPANDING SERVICES FOR CHILDREN IN ST. PAUL

Confining the project to a small area in the city had many advantages. The staff was able to meet the needs of the small community better than they could have met the needs of the city as a whole, and staff members were better able to become acquainted with the workers in other agencies and to work out with them effective ways of coordinating service. However, the question arises whether its work was of significance only in the area or had application to larger units such as cities or counties.

In developing any community program, it is important that no one person or agency chart the course, no one blueprint be imposed upon the community, but that there be participation by all groups. In discussing the ways in which some of the project's methods were expanded and adapted to meet the broader needs of the city as a whole it must be kept in mind that the project was not alone responsible for the developments in planning for children that took place in St. Paul during and following its activity. Just as progress within the area was made gradually as a result of the combined thinking of the individual staff members and the personnel of other groups with which they worked, so in the larger community the project was only one of the groups contributing to its planning.

At no point would it be possible to say "this was the contribution made by the St. Paul project" or "this is the finished product to be observed and studied." What can be said is that the educational and social-planning groups of the community accepted some of the project's policies as being basic in an over-all program of services for children, and adapted some of the project's procedures. Throughout the program described, progressive change has been the guiding principle.

## Area and Community Differences

In considering the adaptation of the project's experience to the broader community program certain essential differences between the smaller and the larger units have to be kept in mind. The geographical limitations, which also limited the number of individuals involved, made possible an informality in project contacts that was not practicable in the more complex organization of the city as a whole. In the project area it was possible to keep routines and regulations at a minimum and to change quickly those that did not appear to be working well. Much could be passed on by word of mouth here which would have failed to reach everyone in a larger program without set routines. The work for the city as a whole necessarily had to be organized on a more impersonal basis.

More adequate service resources were available to the project area than to the city as a whole, for not only were all the resources of the city available but there were special services of a highly trained staff in addition. Had the staff not been in a position to offer skilled service and to demonstrate what effective service could accomplish, it would have been impossible to sustain the interest aroused.

No such unit of specialists was available to the city as a whole. The specialized and well-trained workers of the city were scattered among many agencies. The administrative difficulties of bringing all these services to bear upon the problem of any one child were great and very different from those involved in the project area, where many of the services were available under one administrative head and the workers in daily contact with each other. With case-work, group-work, school social-work, psychiatric, and psychological service all working out of the same office in the project area, psychiatric consultation to the group worker or group-work consultation to the case worker could be easily arranged at short notice. The group worker and psychologist could find time between other appointments to discuss a child's difficulty in making a group adjustment and to plan ways of working with him. The mere physical difficulty of getting together a group from agencies housed in different offices and buildings would make impossible the informal conferences that in the project often served to iron out problems that arose in carrying out a treatment plan.

The small size of the project staff as well as the nature of its work required that each member carry responsibilities in the total program. Each member participated in developing community relationships, carried on research aspects of the program, and offered

direct service to individual children. Working as a small unit on all phases of the program, the project was not faced with the problems of a larger organization in which these activities would be assigned to different groups which would have to be informed regarding the total program so that the efforts of each could be directed to the needs of the whole.

All these differences would have made it impossible, even if it had seemed wise, to impose the project's pattern upon the city as a whole. Experimentation and planning in this larger laboratory was needed.

## **Application of Method**

The project's emphasis on working with the basic community services, the services that have a responsibility to all individuals in the community regardless of their financial or personal adjustments, such as education, recreation, and the health and law-enforcing agencies in their preventive and regulative capacities, was the aspect of its work that proved to be of greatest significance to St. Paul as a whole. As early as the spring of 1939 the usefulness of the project's close association with the schools had attracted the attention of some of the city-wide educational and social-work groups. Schools outside the project area made inquiries about the program developing within the area and about the possibility of some similar arrangement being made for them. Social agencies working with the project in the schools expressed their belief that closer relationships should be developed between the agencies and other schools in the city.

## **Committee for the Coordination of Schools and Social Agencies**

When it became evident that interest existed in a coordinated program between the schools and social agencies, the project suggested to the superintendent of the public schools and the executive secretary of the Community Chest that a small group representing the public and parochial schools and the public and private social agencies of the city be called together to consider such a development and some of the problems involved. A committee of 20, composed of 8 representatives of the public schools appointed by their superintendent, 8 representatives of the public and private social agencies appointed by the chairman of the Welfare Council, and 4 representatives from the parochial schools appointed by their superintendent, was named to investigate the situation and to make recommendations to the school



systems and the Welfare Council. The psychiatrist and school social worker from the project and the psychiatrist from the child-guidance clinic were consulted about these appointments and they, with the three appointing officers, the assistant scout executive who was to act as chairman, and the school social worker of the Department of Education,<sup>11</sup> served as ex officio members of the committee.

The early meetings of the Committee for the Coordination of Schools and Social Agencies were spent in learning the functions and problems of each group and in identifying the points of conflict. From the beginning the project members of the committee were able to contribute information from their own experience and to help focus the discussion around some of the major difficulties which were likely to arise.

The difficulty experienced by the schools in referring children in need of service to the appropriate social agency was the first upon which action was taken. It was recommended that a referral service between schools and social agencies be established. As originally planned this was to be primarily a telephone service. The Department of Education was to make available the services of its one school social worker for 2 hours each day. She was to take referrals, clear the cases with the Central Registration Bureau, notify active agencies of the referral, or, if no agency was active, refer the case to the agency that seemed best suited to handle the problem.

It soon became apparent that a referral service alone was not sufficient. Much more was needed than just bringing the schools and agencies together. The referral worker was handicapped in making referrals in cases where the school could give little information. In some cases the agencies found they had nothing to offer the school and were closing the cases without notifying the school or referral center. Schools and agencies were at times reaching an impasse in treatment, with no one assuming responsibility for analyzing the problems involved.

A school principal has described some of these difficulties in a graphic picture of her early unfortunate experiences. "We used it (the referral center) in the beginning of the first year. We called in somebody for aid but the first year went by and the boy was as mean

---

<sup>11</sup> Appointed by superintendent of public schools following the appointment by the Amherst H. Wilder Charity of a school social worker to work with the project. The second school social worker was assigned to three schools outside the project area.

as ever \* \* \*. I called the person (worker from agency to which case had been referred by referral worker) two or three times and she gave me the point of view of the home. We knew the mother was ill and the father was irritable but the boy was still a terrible disturbance. We had him the next year and he began the same way with the new teachers. It was suggested that we refer him again but they (the teachers) said, 'What's the use?' So we just had a period of rest (from the referral center). That was the reason I didn't come back (until recently) but since then I have gotten excellent service."

Experiences such as these made it clear that someone had to be responsible for interpretation, for follow-up, and for investigation. The second year, therefore, saw a marked change in the structure and functioning of the committee and the referral center. The number of representatives on the committee was doubled to make an over-all committee of 40. A policy-making group or steering committee of 9 members, composed of agency and school administrators, representatives of the council of social agencies, and the school social worker from the project area, was made responsible for determining the function of the Committee for the Coordination of Schools and Social Agencies and the work of all subcommittees. Throughout this period members of the project staff continued to be active on the committee. The project's psychiatrist served as chairman of both the steering committee and the larger committee and the school social worker served as secretary.

Three subcommittees were appointed: a case committee to consider the individual cases coming through the referral center, the problems they represented, and the services needed to meet them; a records committee, to study forms to be used in exchange of information between schools and agencies; and an interpretation committee to consider the problems involved in interpreting plans to the individual teachers and case workers. Both the case committee and the records committee were active in coordinating the work. The interpretation committee, on the other hand, was never active for it was soon found that case-by-case interpretation rather than a generalized educational program was the most effective way of bringing about a better understanding of the program.

With the development of this new structure and the realization of the need for interpretation, follow-up, and investigation, more and more of the time of the school social worker in the project area was assigned to the referral center and to working through problems

arising in the development of this service. From a referral service with one worker 2 hours a day, it became a full-time program for two workers. In developing the program the workers found it necessary to confer directly with the schools in order to obtain a clear picture of the child's problem and to explain to them the services that agencies might give. They found it necessary to meet with agencies in order to explain why the schools were unable to work out some ideal program the agency had asked for. Conferences with the child and family were often needed before the problem could be satisfactorily assessed and an intelligent referral made. Where the needed service was lacking in the community, the workers themselves were sometimes obliged to carry responsibility for the case until some alternate plan could be made. Follow-up studies on the effectiveness of the referral source in meeting the child's need also became their responsibility.

As the referral center became better known more cases were referred from each school and the number of schools using the service increased. The agencies in the community also turned to the center more frequently for advice regarding the characteristics of individual schools and the handling of school problems. The temporary facilities in the Department of Education with the limited space and stenographic service were quickly outgrown. The community faced the problem of where such a service belonged. Should it operate under the Department of Education? Should it be attached to one of the social agencies? To the office of the Community Chest and Council? All had a stake in the service but where should it be placed? The solution was not obvious and the community facilities available at the moment determined its location. Space was provided by the Wilder Charity in its dispensary, on the same floor as the child-guidance clinic. The school social worker of the project area, whose salary had been paid by the Wilder Charity, was named director of the unit and her salary, with that of an office secretary, was taken over by the Community Chest. The Department of Education assigned its school social worker to this office, to work with the public schools under the referral center's direction.

## **Police in the Coordination Program**

While the referral center for schools and social agencies was developing, interest began to grow in the project's close association with the juvenile police. A police advisory committee had been organized in

the early days of the project and was made up of professional and civic leaders interested in helping the new juvenile division carry out its duties effectively. The project staff had been active on this committee and through its liaison service had helped to formulate many of the problems brought before it for discussion. In this way the committee had been kept in touch with the development and usefulness of this service. With the closing down of the project activities the advisory committee became concerned over the cessation of this liaison experimentation and began to inquire into ways in which it might be continued and expanded onto a city-wide basis.

It was decided to assign a man case worker from one of the agencies to work with the police in a liaison capacity in the manner of the project. The work was to be city-wide, but in the beginning would be on a part-time basis. This would give opportunity to assess the program and the city-wide needs before developing the service further. The project in its early development had stressed the desirability of having a man assigned to work with the police in the boys' division. The need of having a man to work with adolescent boys was one reason for this emphasis; another was that the police officers would feel restrained in their actions and discussions if a woman was assigned to the work. A man worker was therefore given this assignment during the project activities, but it became apparent later than excellent contacts with the officers could be made by women members of the staff. It seemed advisable, however, with the withdrawal of the project, to assign a man to the liaison position for the city as a whole. Arrangements were therefore made for a man worker from a child-placing agency to devote part time to this service, on an experimental basis under the direction of a committee of the Welfare Council. At first it was planned that the worker should call routinely twice a week to accept referrals and discuss problems with the police and should be available for emergency calls and to do such investigation as was needed.

After an experimental period of about 6 months it became apparent that there was need for a full-time person in this position and that this should be arranged as soon as possible. The rapid turn-over of men workers, due to the demands of the armed services, led to the decision to have a woman assigned to the service. A full-time worker was assigned and under her guidance the service developed rapidly, with enthusiastic acceptance by agencies and police and with the conviction of all that it was the personality and capacity of the worker and not the sex that mattered in this position.

The police liaison work was begun as an independent service with a separate advisory committee. It soon became apparent that the overlapping problems demanded such continuous contact between the school and police liaison services that common headquarters and procedures were essential. The police liaison service was therefore placed under the immediate supervision of the director of the school-and-agency coordination, with both under the general direction of a common Welfare Council Committee.

### **The Coordination Center for Community Services for Children**

A center providing liaison service between two of the basic services to children and the social agencies was now in operation. As had happened in the project area the value of early identification of children's problems and of providing adequate service in the community to meet these needs gained increased acceptance. The number of cases passing through the center increased until more workers were needed if the work was to be done adequately. To meet this need the Ramsey County Welfare Board assigned a full-time woman worker with the police to replace the part-time worker from the child-placing agency. The Bureau of Catholic Charities at about the same time assigned a part-time worker to meet this same need and to develop the service with the parochial schools. From one part-time worker handling referrals from schools and social agencies in January 1940, the program had grown by January 1944 to a center with a director, an office secretary, two full-time and one part-time liaison workers, and was handling referrals from police as well as schools. Between August 1, 1943, and July 1, 1944, a total of 1,079<sup>12</sup> cases passed through the Center. Of these 405 were referred from 46 of the 76 public schools and 18 of the 26 parochial schools; 618 from the police; and 56 from social agencies and others.

In 1944, following a city election, a change was made in the administration of the Department of Education. As a result of this, although a majority of the principals had on a questionnaire approved the services of the Center, the lack of cooperation on the part of the central administration made it impossible for the Coordination Center to continue an effective relationship with the public schools.

In view of these difficulties a subcommittee of the Council of Schools

---

<sup>12</sup> From the 1943-44 Annual Report of the Coordination Center for Community Services for Children.

and Social Agencies studied the program and recommended that the various services of the Coordination Center be taken over by the agencies in the community and the Coordination Center, as such, be dissolved. At the time the 1944-45 annual report of the Coordination Center was issued arrangements had already been made for a full-time worker to be stationed at the Bureau of Catholic Charities to work with the parochial schools. The work of the liaison police worker was to continue as a joint responsibility of the Bureau of Police and County Welfare Board. No steps, however, had been taken by the Department of Education to take over the part of the program which served the public schools.

The Children's Bureau has not been in a position to make a study of the program as it now exists but the withdrawal of the schools would seem to jeopardize seriously its effectiveness and it seems unfortunate that administrative expediency resulted in the schools' withdrawal from a program that a majority of its principals felt was filling an unmet need.

In February 1944, when a representative of the Children's Bureau conferred with the director of the Center, they had not yet had a year's experience with a full-time police liaison worker, and the liaison worker with the parochial schools had been there but 3 months. However, at that time enough of interest to other communities was under way to justify pausing to consider the Center in action.

The telephone started to ring with the opening of school as principals called to ask advice or to refer cases. The director, a school social worker, took most of these referrals for it had been found that this was a crucial point in coordinated relationships and that the service given at this time might determine the acceptance of the program. Schools or agencies doubtful of the help they might obtain from using the Center needed to have the work interpreted by a skilled person. The director, familiar with the school, police, and social-work structure of the city was in a position to give such service during the establishment of the work. She hoped that, as other workers became more familiar with the program, she would be able to delegate this responsibility. The need, however, for a skilled person in this position had been demonstrated.

At the time referrals were coming in from the schools the police liaison worker might be at the police station discussing and planning with the officers regarding the disposition of cases which had come to their attention since her last visit and arranging to contact the child,

his family, or an agency, as needed. She might interview a child who was at headquarters and whose attitude the police found difficult to assess. After completing her interviews at the station she would return to the Coordination Center to register the cases referred from the police.

Whatever the referral sources, if the situation was critical, plans were made for immediate service. If the referral had come by telephone this might involve sending a worker to the school or home as soon as the preliminary clearing of the case was completed. If it was impossible at short notice to route the child and family to an appropriate treatment source, some tentative plan would be made to help both the child and referring agency over the immediate crisis.

If the case was not an emergency, the referring agency was assured that an investigation would be made and the results reported back before action was taken. The office secretary immediately cleared all cases with the Central Registration Bureau and on the basis of this information and that received at the time of the referral the work of the Center proceeded.

The service given might be of several types. A direct referral involved obtaining a statement of the problem as reported by the referring agent, clearing the case with the Central Registration Bureau, contacting the agencies knowing the child or family to discuss with them the problem referred, and arranging with the appropriate agency to get in touch with the school or police and to work out with them a joint program. In these cases the Center assumed no further responsibility except that of sending a written notice to confirm the telephone arrangements to the referring agency and the agency accepting the case.

The Center might give more time to a case that was closed with all agencies or had not previously been known to an agency. Here it assumed the responsibility of reading closed records and of conferring with the directors of these agencies to determine the advisability of their reopening the case or accepting it as a new case. In such instances the Center might make arrangements for a conference between the agency accepting the case and the referring agency, a liaison worker attending the first few meetings to assist in developing plans for treatment and interpreting the services.

Contact with the child or family by the Center was sometimes necessary in order to work out plans for referral to an agency. Cases where the problem was not clearly defined or the family's need for service not definitely determined often required a preliminary investigation before any agency could be brought in. Here the liaison worker

as a representative of the referring agency would discuss the problem with the family or child, analyze with them the possible need for service, and explain available community services. If, after one or more visits, service from a social agency seemed needed and acceptable, the referral would be made.

Consultation service was an important function that did not always involve referral. The schools or police might want advice about handling a situation and with the advice might be competent to give the necessary service themselves. They might want to inquire about some agency's program or plan as it affected a particular child. Agency workers might want advice about school facilities. Child-placing agencies seeking a foster home for a child with an educational problem, might want advice about which schools were best equipped to give the service needed so that a home could be selected in that district if possible. An agency that had previously had a poor contact with a school might wish to ask advice on how to overcome this.

Although the Coordination Center was not established as a treatment agency its school social workers carried some treatment cases. This was necessitated by the fact that, although other community agencies can contribute much to the treatment of school problems, there are some children in need of casework service whose problems are so interwoven with school procedures and programs that only a worker with educational training can effectively work with them. In the absence of a corps of school social workers for these children it was necessary for those assigned to the Coordination Center to carry some treatment cases as a part of their responsibility to St. Paul's educational program.

Not all referrals from the school were telephoned to the Center nor were all police referrals made directly to the police liaison worker, but much more use was made of the telephone in school than in police referrals. This was undoubtedly influenced by the fact that, with the many schools and the small staff at the Center, it was impossible to make direct contacts with each school with sufficient frequency to meet its needs. Had the police in St. Paul been districted throughout the city rather than all working from a central station, the daily visits to the stations might not have sufficed to cover all officers and all children and greater use might have been made of the telephone in these referrals.

It should be realized, however, that telephone referrals were seldom made until there had been some direct contact by the school or police



with the workers at the Center, usually on the basis of an individual case. It was only after confidence in the service had been established through direct, personal contacts that the more impersonal telephone referral was made.

This has important implications for all programs of coordination and emphasizes the fact that a coordination center cannot be thought of as an impersonal link that will function once the machinery for it is set up, but rather that its usefulness depends upon the confidence that other agencies have in the liaison workers themselves, a confidence that can be developed only through personal contacts. In reviewing the work of the St. Paul Coordination Center this stands out very clearly. In the words of a school staff member "School people must know the workers at the Center. They will not refer unless they know the person there. She (the director), because of her personal contacts with the schools in the past, now can do much over the telephone."

Hardly a day went by at the Center without some time being given to its educational and interpretative functions. As with the project, much of this was done on a case-by-case basis. In addition, however, the Center found it necessary to analyze the cases that were being referred. The community looked to the Center to keep it informed about needs for which there was no service. The Center was in a position to see the procedures within agencies that made coordination difficult and which if not necessary to the efficiency of the agency should be changed. The Center had a responsibility to follow up some of the cases referred in order to be able to point out where service was weak or where failure to work closely with other agencies had been a handicap to the child. To discharge these responsibilities the workers often needed to attend staff meetings of other agencies to explain the work of the Center and to give the agencies opportunity to suggest ways in which the Center could help them do their job more effectively. Problems of administration that involved the whole community structure had to be presented to the appropriate committees for consideration and action.

The Coordination Center functioned as part of a total community program and was established to meet specific community needs under the direction of a committee of the Welfare Council. It served as a source of information for the Social Planning Committee of the Welfare Council, but should not be thought of as a planning group or as an over-all coordinating unit. Its emphasis was upon develop-

ing closer coordination between the schools, the police, and the case-work agencies. It made no effort to expand into other areas such as health or recreation. These fields were not, however, overlooked.

As children were referred to the Center their needs in the fields of health and recreation were studied and the children referred to the appropriate agencies. But these other agencies were not included in the coordinating activities of the Center. This was not an oversight, for the Social Planning Committee in St. Paul was well aware of the health and recreational needs of the community. Nor was it an indication that no liaison work was needed between these agencies and other community resources. It was, rather, an indication that larger communities, like the project area, do not proceed evenly on all fronts in their social development and opportunities to develop services and effective machinery for their operation must be grasped as they are presented. Whether the program in St. Paul would have eventually broadened into a more inclusive coordinating center cannot be said.

### **Neighborhood Organization In Relation to the Project's Program and Its Extension to City-Wide Planning**

The development of a representative and actively participating indigenous organization in the project area would have been a very desirable achievement and undoubtedly would have made an important contribution to the whole experiment, particularly in relation to community and parent education in the field of child care and training, and in the support and use of specialized and basic community services for both the prevention and the treatment of children's behavior and emotional difficulties.

Actually, the development of a strong neighborhood organization was included in the original planning and early activity of the project, but for several practical reasons to be discussed later, and because of the need to emphasize the primary aims of the project, the development of neighborhood organization took a secondary place in the efforts of the project staff.

It is pertinent to recall at this point that the primary emphasis of the project was placed upon experimentation in the use of the specialized services of case work, group work, clinical psychology, and psychiatry, rather than upon issues and methods primarily sociological in nature. The rapid expansion of public welfare services under the Social Security Act and the increasing awareness of the need to coordinate

and use them, as well as the privately supported welfare services, more effectively, made research and experimentation in this field a matter of great importance.

The early attempts to arouse in the citizens within the area an interest in developing community services for their children consisted in contacting the leaders in the churches, PTA's, and businessmen's groups. The needs of the children living in the area were discussed with them, and the possibilities of organizing the community around a study of services for children and the development of such services were examined. The response to this questioning, even when highlighted by the needs of individual children who had come to the attention of the project, was meager. The leadership indigenous to the area proved to be limited and the interests of the leaders centered around the churches, nationality groups, and other organizations that encompassed the whole city. Despite the rather definite geographical boundaries such as railroads, arterial highways, and the encroachment of a manufacturing section, it became apparent that there was very little neighborhood consciousness.

Sporadically under project leadership some neighborhood activity developed. Baseball leagues were organized at the school center and a neighborhood committee was brought together to make camping provisions for the children of the neighborhood and to urge the commissioner of education to continue the use of school buildings for center activities. The PTA's in the neighborhood sponsored and made financial contributions to some of the group-work activities. However, during the time the project was active, the interest of these groups was limited to the promotion of these specific projects and did not develop into a concern for the total needs of the area.

Among the factors which operated to prevent the development of neighborhood consciousness was the fact that the large churches in the area drew their parishioners from all over the city, which definitely made for city-wide interests for both the ministers and the local parishioners. The parochial schools within the area were attended by students from other sections of the city, primarily because of their nationality character. Here again the cleavage was not on the basis of neighborhood lines, but on religion and nationality. Although the boundaries of the project area coincided with three elementary-public-school districts, the usual tendency to center neighborhood interest and activity around the school was offset to a considerable degree by the extremely flexible system in school placement existing

in St. Paul. Many children from outside the project area attended these schools, while some children living within the area attended schools outside.

Business enterprises within the area and adjacent to it operated on a city-wide basis. The nearness of the project area to the downtown section of the city made it unnecessary for small local establishments to develop to any extent and the major shopping and economic interest of the area was in the central shopping section or in business concerns within the area that were on the main highway between St. Paul and Minneapolis and, therefore, carried a definitely interurban interest. The interests and activities of the people living in the project area were therefore developed around organizations that reached beyond the geographical limitations of the area.

This later assessment of the neighborhood raises the question whether, with better understanding of the communities in St. Paul, a better selection could have been made for demonstrating the use of the neighborhood in community organization.

The answer is both yes and no. There were areas in the city in which neighborhood interest was more evident and one in which a strong neighborhood organization had been developed. However, these areas were in sharp contrast to the general pattern of the city—either nationality groupings that had not yet become amalgamated into American culture or strong neighborhood-centered economic and business interests. These areas, therefore, could not meet the conditions considered by the Children's Bureau as essential to the objectives set for the experiment, that is, to assure the greatest possible applicability of the experiences and results of the experiment by setting it in a typical urban area.

There are certain definite reasons for the community-wide interest in St. Paul which may have bearing on community organization in many cities of its size. In St. Paul the municipal government and law-enforcement agencies operate on a strongly centralized pattern. The six councilmen responsible for the city government are not elected as representatives of political subdivisions but as representatives of the city as a whole. This emphasizes city-wide, rather than regional or neighborhood, interests. The city police work out of one central station instead of through district stations, which removes another common focal point of community attention.

In St. Paul the social-welfare planning was on a basis of the total need of the city, with the services of the city made equally available

to all areas. Many services were already on a city-wide basis and in areas where certain activities such as scouting or "Y gang" groups were not operating, the agencies themselves or the Welfare Council took the initiative in developing interest in the areas having greatest need for these activities. With the exception of the County Welfare Board, the Family Nursing Service, and the settlement houses, the work of the social agencies served the city from one central office. It was quite usual for workers in most agencies to be working with families in many areas of the city, and this again tended to put consideration of services and needs upon an over-all, city-wide basis.

In this setting the project's most effective approach to developing greater alertness to children's needs proved to be through the established agencies of the city, using the area boundaries primarily as a means of restricting demands upon the project's services. By working with these city-wide agencies on the problems of bringing adequate service to the individual children known to the project and living in the project area, the gaps and weaknesses in service that needed to be considered in community planning were high-lighted. Methods making for a more effective integration of services were also carried over to a city-wide application through the establishment of the Coordination Center.

From the St. Paul experience it would seem that community organization on the basis of neighborhood units must depend upon the presence of some natural neighborhood consciousness or a definite community of interest and activity. This is more likely to exist in the larger cities where the complexity of activities and the number of people involved make it difficult for the individual to feel an intimate relationship to city-wide structure and where of necessity individual activity and service must operate on a district basis. Or it may exist in smaller cities where there is little homogeneity in the population and where citizens of similar interests and attitudes tend to gravitate to the same section and to develop interests and activities on a neighborhood basis.

## VII

### IMPLICATIONS FOR OTHER COMMUNITIES

In the preceding pages no treatment techniques have been presented that are not already known and in use, nor has a blueprint for coordination of services been offered that can be applied unchanged to any community. Rather there has been presented the philosophy behind the developing project, the children that it knew, and the results that it obtained. In summarizing, however, the implications of the project for other communities must be considered.

The project accepted the philosophy that each child must be treated as a whole and his problems as a unit regardless of the number of problems or the areas of his life affected. The experience of the project shows that minor and incipient problem behavior in children can be identified by the community and that if adequate community services are effectively coordinated much of this problem behavior can be corrected and modified or, if not susceptible to correction, prevented from developing into more serious forms. Its experience further emphasizes the fact that the community services called upon to work in a coordinated program must include not only the social agencies, which are primarily concerned with the neglected, dependent, and delinquent child or the child in need of special care, but also the health and law-enforcing agencies and the agencies established to serve all children, such as the group-work agencies, the recreational agencies, and the schools. The acceptance of this philosophy of treating the child as a whole and of its corollary of including all services affecting children either directly or indirectly is of primary importance to the community interested in developing a program to prevent problem behavior in children and to identify and treat such behavior early in its development if it does appear.

The project also learned in developing its program that the agencies and individuals in touch with children in their day-by-day activities, such as the schools, homes, and group-work agencies, must be called

upon to carry the major responsibility of prevention and to identify the early signs of maladjustment, while the agencies in less direct contact with the daily activities of children will have to supplement this work and render specialized services for those who face problems that differ from the majority either in type or severity.

It was found, however, that many of these agencies, before they could be depended upon to carry their full load of responsibility, needed to be made more aware of the importance of their position in the life of the child and to understand better their relation to other community activities affecting him. The project staff assumed responsibility for developing such awareness in individuals and agencies in the project area, and later the Coordination Center assumed this responsibility for the city as a whole. Both the project and the Coordination Center found that the most effective means of broadening each group's understanding of its function was to start work with each agency at its existing stage of development and on a case-by-case basis broaden the understanding of each in regard to the basic needs of children, the early signs that indicate that these needs are not being met, and the community facilities available for treatment. A study of the interpretive functions of the project and of the Coordination Center may therefore prove helpful to other communities undertaking a program of prevention and early identification of problems.

Treating the child and his problems as a unit regardless of the area in which the problems lie requires that there be efficient and meaningful referral of the child whose problems are known to one agency and who needs services from another. It is also necessary that the services involved be so adapted to the child's needs that they constitute a whole without overlap, gaps, or inconsistencies. That a variety of services can be so adapted and integrated when working under one administrative head is apparent from the work of the project, where in joint conferences each child's needs were discussed and the possible contributions of each staff member weighed in relation to the contributions of others.

The problem becomes more complex when the child's needs require a joint approach from agencies operating under separate administrations with widely varying policies of intake, particularly when the agencies are by tradition and philosophy as far apart as the schools, the social agencies, and the law-enforcing agencies. Liaison workers understanding the background and philosophy of two fields, such as education and social work, social work and law enforcement, case work and group work, were found useful in bringing about an effec-

tively coordinated program under these conditions. Their work, which included making an adequate diagnosis of the problem, referring it to the appropriate agency, and helping that agency to see its function in relation to the others, tended to reduce misunderstandings to a minimum. The use by the project of many services under one administrative head, and the use both in the project and in the Coordination Center of a liaison service when the service of many agencies was needed, suggests procedures which other communities may find valuable as they turn their attention to making more effective their own services for children.

The varied ways in which the children in the project area showed that all was not well with them and the many causes and combinations of causes that were behind their signals of distress have been discussed. The many types of service that were necessary to meet the needs of these children have also been shown. While some needs could be met by a simple and relatively impersonal change in the environment, in many cases the problems stemmed from unsatisfactory personal relationships and could be treated only by persons trained and skilled in working directly with children—persons trained to help children and their parents understand their problems and to help them work out ways of directing their behavior into acceptable channels. The development of an adequately trained staff in public and private social agencies is therefore a necessary and important requirement for an effective community program to meet children's needs.

On the basis of the project staff's limited experience with an in-service training program carried out in cooperation with the Ramsey County Welfare Board, it would appear that much might be accomplished on an in-service training basis if care were taken to select for this training personnel qualified to work with children. The qualifications should include a genuine interest in and liking for children with an ability to view their problems objectively, avoiding excessive sentimentalism on the one hand and rigid and uncompromising attitudes on the other. For such workers the content of the in-service training program should be directed toward developing insight into the needs of children, awareness of early signs of maladjustment and their significance, appreciation and knowledge of the stages of emotional and intellectual growth of children, knowledge of community resources and the ways in which they can be used to meet children's needs, understanding of difficulties that may arise as a result of intrafamily relationships, skill in interviewing not only parents and relatives but



the child himself, and appreciation of the contributions to be made by special resources such as group work, psychiatric, psychological, and medical service. Under the supervision and guidance of skillful and experienced workers, persons with such qualifications and with opportunities for such training could be profitably used in an over-all community program, provided a nucleus of skilled professional workers was available for children with problems of a type that can be expected to respond favorably only to the most skillful handling. Further community experimentation is needed regarding what is the desirable proportion of skilled workers to those carried on an in-service training basis.

In emphasizing the skills needed to carry on direct treatment of the child, the community must not lose sight of the need for each worker to be able to relate his work to that being done by other agencies. To the project staff, each member of which carried both service and supervisory responsibilities, it quickly became apparent that a program could be successful only as the workers giving direct service saw the importance of coordinating their service with that of other workers and were able to carry this out at the working level. It was here, in bringing all services to bear as a whole upon the child's problem, that the real test of the coordination lay. The community interested in developing a program that will reach all its children, must make sure that all the groups and agencies responsible for children allow time and opportunity for the workers themselves to study and develop ways of overcoming the misunderstandings, misconceptions, and prejudices that stand in the way of effective coordination. Where these conflicts arise out of agency policy, such as budgetary, staff, or program planning, provision must be made for their consideration at the supervisory and executive levels. Where interagency policies are involved they must be considered by an over-all community-planning group. Although both the initiative in planning for coordination of services and the final responsibility falls upon the executive and over-all planning groups of the community, any plan, however adequate in itself, will fail unless the problems arising out of relationships between individual workers are solved. It is, therefore, to them that the planning groups must turn for the understanding on which an effective program can be built.

The community that embarks upon a program to meet the needs of all its children will learn from the problems they present where its basic services are weak or not fulfilling their function and where specialized services are lacking. With this insight it will be in a position to progress

in the development of more adequate service, first strengthening the basic services as a preventive measure and then providing those services necessary for children in need of special help. By progressing in this way it will not make the mistake of creating special services to treat problems that are due to weaknesses in the basic services.

The material for this report was obtained in a medium-sized urban community which had certain well-established resources for treatment. Communities with fewer resources may consider that the findings are not applicable to their problems. While the most effective program in a community requires a variety of services with skilled workers in strategic positions, much can be accomplished with limited resources. In the small community a worker with an understanding of community resources and with ability to interpret child behavior might well function in a liaison position between the various community organizations such as the school, the church, and the police. In a small community the basic services may have to assume responsibility for treating children who in larger communities would be referred to agencies that make a specialty of their particular problems. But this differs only in degree from the program for the larger community where the individual or agency identifying the child in need of service is given responsibility for correcting as much of the situation as is possible. The small community is less likely to have psychiatric or psychological service and for those cases in which it is needed this is a lack which is hard to compensate for. Although not available on a day-by-day basis, some communities have a traveling service of this type from their State departments which could be used on a consultation level in the same way that these services were used by the project workers.

In closing it must be emphasized that to expect a well-integrated program to be set up which will work at maximum efficiency from the beginning is to court disappointment. Many of the difficulties that arise will be a result of differences in the attitudes of the groups participating in the program. Various institutions in the community have been founded to meet special needs of children and the satisfaction of these needs sometimes seems to be at variance with the satisfaction of others. Only repeated interpretation and experimentation by all services involved can resolve these conflicts. Neither can it be assumed that the experience gained in the development of a coordinated approach to the prevention of children's problems in one community can be followed in all details in another. Each community must start its program within the strengths and weaknesses of its basic services.

Since communities vary in the adequacy of their basic services, individual programs for coordination of services in a preventive program will vary. The Children's Bureau believes, however, that from the experiences of the St. Paul project, and the agencies and groups that participated in making the project's work possible, some principles useful to all communities have emerged. Its successes and failures in the more individualized problems show that there are few short cuts that can be taken in a program involving the interest and understanding of individuals of various personal and educational experiences.

## APPENDIX I

### ST. PAUL, MINN.

St. Paul is the capital of Minnesota and a railway and industrial center. The city covers approximately one-third (52.2 square miles) of the land area of Ramsey County (160 square miles) <sup>1</sup> and comprises more than nine-tenths of its population which was 309,935 according to the 1940 census. <sup>2</sup> The city population increased from 271,606 in 1930 to 287,736 in 1940. <sup>3</sup> St. Paul adjoins Minneapolis and together with other small adjoining communities they constitute a metropolitan district having a population of 911,077 (1940 census). <sup>4</sup> In 1930 the population of St. Paul was composed of 82 percent native white, 16.4 percent foreign-born white, 1.5 percent Negro, and 0.1 percent other nonwhite. These percentages had shifted by 1940 to 86.8 percent native white, 11.7 percent foreign-born white, 1.4 percent Negro, and 0.1 percent other nonwhite. In 1940 the nationalities most frequently represented in the foreign-born white group were Swedish 18 percent, German 16 percent, Russian 9 percent, Norwegian 8 percent, Canadian 8 percent, Austrian 6 percent, Polish 6 percent, Italian 5 percent, and Irish 4 percent. <sup>5</sup> In addition 41 percent of the native whites were of foreign or mixed parentage, principally German, Irish, and Scandinavian. There was little change in these percentages as compared with 1930 and 76 percent of the foreign-born whites 21 years of age and over were known to have been naturalized. <sup>6</sup> Taken as a whole these figures suggest an urban community with a stable population.

St. Paul has a mayor-council form of government with six elected councilmen each of whom after his election is assigned by the mayor to a specific phase of the city government. This means that the individual councilman is not elected because of specific qualifications in

---

<sup>1</sup> Office of the Geographer, U. S. Bureau of the Census.

<sup>2</sup> Sixteenth Census of the U. S., 1940. Population, Vol. II, Part 4: Minnesota-New Mexico. Washington, 1943. p. 55.

<sup>3</sup> Ibid. p. 179.

<sup>4</sup> Ibid. p. 191.

<sup>5</sup> Ibid. p. 182.

<sup>6</sup> Sixteenth Census of the U. S., 1940. Population and Housing, St. Paul, Minn., Washington, 1942. p. 16.

the fields to which assigned. One councilman is, for example, responsible for public safety including police, health, and fire protection; another for parks and playgrounds; and another for education. There is no board of education. The social welfare facilities of the State are administered on a county basis as are also the juvenile courts and probation.

During the project period the private welfare facilities of St. Paul included 39 community-chest-supported agencies representing many phases of social work such as family case work, child placement, institutional care for children, visiting-nurse services, settlements, recreational centers, and group-work agencies. A private foundation, the Amherst H. Wilder Charity, maintained several social services including a child-guidance clinic, a large medical dispensary, and several day nurseries.

### **Educational Facilities**

In St. Paul education below the college level is supplied by the public-school system (school population 1940, 40,379), a large Roman Catholic parochial school system which in 1940 enrolled 28 percent (16,354) of the total school enrollment, a group of small Lutheran parochial schools (enrollment in 1940, 431), and a number of other private schools (enrollment 1940, 636).<sup>7</sup>

During the project period the elementary and secondary public schools were offering a formal academic curriculum, with some leeway allowed for adapting the course of study to the needs of the individual child. Manual-training and home-economics classes were available for seventh and eighth grade children in most of the elementary schools. The high schools offered commercial courses, home economics, art courses, a number of shop courses, and athletics. Besides the regular elementary and secondary schools there were two vocational schools at the secondary level, a boys' school offering training in industrial and trade subjects, and a girls' school offering training in commercial foods and in power-machine sewing. The girls' school opened in the school year 1941-42. On the elementary level there were two schools offering specialized training for mentally retarded children, a few additional classes for mentally retarded children located in other elementary schools, and a special school for crippled children. Special

---

<sup>7</sup> Superintendent's Report of the St. Paul Public Schools, 1940. St. Paul, 1941. (Processed.) pp. 63, 107.

classes for children handicapped with visual, hearing, and speech defects were also available.<sup>8</sup>

The division of hygiene of the public schools included in 1940 a physician director, a chief nurse, 22 nurses, 3 oral hygienists, and 1 clerk. Nurses were assigned regularly to individual schools.<sup>9</sup> The size of the staff made it possible to allot each nurse about  $\frac{1}{2}$  day per week for every 200 children.<sup>10</sup> Part-time medical examiners were used for examining school children. These physicians were able, each year, to examine only a portion of the school enrollment which was selected on the basis of special need. About 12 percent of the public-school enrollment was examined in the school year 1939-40.<sup>11</sup> A school dental program was also carried on for indigent children in the elementary grades. This was done through the cooperation of the Community Chest which supplied funds for the payment of the dentists, who worked on a part-time basis. A nutrition program with free milk and hot lunches was in operation, financed largely by the Community Chest and other community agencies and utilizing WPA personnel.<sup>12</sup>

There was no centralized guidance program in the city schools. One full-time and one half-time psychologist were employed in the central office of education. Most of their time was given to testing children considered for placement in the special classes for the mentally retarded, and, even so, long waiting lists existed. A group testing program in the fields of achievement, aptitude, and intelligence was carried on under the department of research, but it had no direct relation to the individual testing program. School counselors operated programs of various types in individual high schools. There was also an attendance division, consisting of a director and four workers who served all the public and parochial schools.

The Roman Catholic parochial schools were of both elementary and secondary levels. An advisory type of supervision was given to them through the Bureau of Education of the Archdiocese of St. Paul. They were conducted by various religious orders and in most cases more specific and immediate direction was given through the central supervising system of the order itself. Some orders had a definite nationality background which colored their philosophy and practice to a

---

<sup>8</sup> Ibid. pp. 123, 155-253.

<sup>9</sup> Ibid. pp. 109-129.

<sup>10</sup> Ibid. p. 112.

<sup>11</sup> Ibid. pp. 63, 113, 117, 119.

<sup>12</sup> Ibid. pp. 125-129.

marked degree. The parochial schools also received service in the regulation of attendance through the division of attendance and special activities of the public schools. School nursing service was supplied by public-health nurses employed by the St. Paul Bureau of Health.

That these facilities were not meeting the educational needs of the children in St. Paul was recognized by the superintendent of the public schools when he wrote as follows in his 1940 report:

In St. Paul there is a need for increased trade-school opportunities not only for boys but for girls. There is need here, as elsewhere, for revision of the curriculum. There is need for more money for vocational and educational guidance. There is a need for expansion in the special-class field in order to take care of pupils for whom there is no room at the present time. There is also need for doing much more in placement and working up programs in conjunction with the community under which students, before they leave school, may have an opportunity to make work contacts with employers and with industry. This opportunity cannot be limited to the trade field. If it is, then the needs of a large percentage of our pupils will not be met. There is also need for additional equipment, supplies, and library books to give teachers the instructional tools that will enable them to do the most effective job. It is also significant to mention the fact that in this period of rising prices we should attempt to pay the basic teachers' salary-schedule adopted in 1929.<sup>13</sup>

St. Paul is well supplied with facilities for higher education as there are in the city several small, privately supported colleges and the agricultural college of the State university. The University of Minnesota itself is located in Minneapolis just beyond the St. Paul city limits and is almost equally accessible to the two cities.

## Juvenile Court and Probation Office

The Ramsey County Juvenile Court is presided over by one of the superior-court judges who is appointed each year. During the existence of the project this was a part-time assignment entailing about 2 days a week. The same judge continued in the juvenile court throughout the project period largely because of his interest in work with juveniles and consequent willingness to accept the repeated appointments. Court hearings were private and informal and a friendly though firm attitude was maintained toward the children who were brought before the court.

The probation office was headed by a chief probation officer who had the supervision of both adult and juvenile probation. The staff of

<sup>13</sup> Ibid. p. 18.

juvenile officers consisted of three men and one woman handling work with boys and one woman with a part-time assistant handling the work with girls. The probation staff was for the most part made up of workers with experience or training in education, recreation, or case work and their objective was to give individualized help to the child. The fact, however, that each officer was so overloaded with work that he often found it impossible to do more than keep up with the investigation of new cases limited the time available for treatment of cases already on probation. As a result routine reporting to the probation office by probationers was sometimes used where other methods were recognized as preferable.

On the basis of the project's experience it appeared that more use was made of information available from community agencies by the boys' department than the girls' with the result that there was more cooperative work between the boys' probation officers and other community workers. This was largely due to the fact that the girls' probation officer, who also acted as referee, tended to place a great deal of weight upon information with sexual implications and to believe that it was the court's responsibility to treat such cases independently. As a result of a survey by the National Probation Association in 1943 changes in the functioning of the girls' work have taken place.<sup>14</sup>

The court did not have facilities of its own for making psychological or psychiatric studies but used the local child-guidance clinic as a resource in special cases. The county provided two small institutions, the Ramsey County Home School for Boys and the Ramsey County Home School for Girls, for the treatment of delinquent children. Children were placed in these institutions for limited periods of time, usually varying from 5 months to a year. If a more restricted type of institutional care was needed, commitments were made to the State training schools.

## Police Department

The St. Paul police department operated with mobile units out of a central station. Within the department divisions were established on the basis of offenses, with the exception of the women's division and the juvenile division. The juvenile division was organized in 1936 and was designed to have jurisdiction over all juveniles and to safeguard the

---

<sup>14</sup> Girl Delinquents in St. Paul and Ramsey Co., Minnesota. New York, National Probation Association, 1944. (Processed.)



welfare and interests of children. The staff consisted of a director who was a lieutenant of the police and from three to five officers for work with boys. Every effort was made to secure specially qualified officers and emphasis was placed on the avoidance of public notice for children apprehended. The officers did not wear uniform nor use squad cars in picking up boys and only in exceptional instances were boys held in detention. The usual procedure was to allow the boy to go home and to notify him and his parents by mail to report to the station at a specified time to discuss the situation and to allow the police to make a decision about the disposition of the case. Some difficulty was encountered in securing complete jurisdiction over all boys' cases. This was chiefly in relation to the auto-theft division which cooperated with the juvenile division by reporting all cases of boys picked up but retained the initiative in making its own disposition of the cases, usually by sending boys to court even when they had been picked up for relatively minor offenses.

Prior to 1936 the police work with girls was handled in the women's division. When the juvenile division was organized, one policewoman was assigned to work with the girls and placed under the supervision of the director of the juvenile division. In terms of actual functioning, however, the girls' cases continued to be handled through the women's division and the change consisted chiefly in keeping separate records for juveniles and reporting these statistics to the juvenile division. As with the probation office, less use was made of other agencies in girls' cases than in boys'. In general practice girls committing sex offenses were sent to court and held in detention pending the hearing.

Separate quarters under a police matron's supervision were supplied for the detention of both boys and girls apart from adult offenders.

## **Public Welfare Facilities**

After 1937 the County Welfare Board combined under one head all public divisions responsible for various forms of financial assistance and welfare services offered by the county. The relief and service division administering general relief to those not eligible for assistance under special categories was set up on a district basis to care for family cases. It was available for cases requiring case-work service only as well as for those needing financial assistance and was charged with responsibility for investigating and treating, either through its own resources or through court action, cases in which child neglect was reported.

A stable and well-accepted public child-welfare program was in operation at the beginning of the project. At that time the child-welfare division was a separate agency, the Ramsey County Child Welfare Board, which had been organized under the State child-welfare law of 1919. To this agency was delegated the responsibility of the State Board of Control to promote the enforcement of all laws for the protection of defective, dependent, neglected, delinquent, and illegitimate children. The work of the agency was organized on, and limited to, specific lines: case work and planning with unmarried mothers, including the establishment of the paternity of the child if possible and the supervision of illegitimate children in their own or foster homes; work with feeble-minded children, including securing commitments to State guardianship and supervision in their own or foster homes if not institutionalized; placement and supervision in foster homes of dependent children committed to the agency for such reasons as lack of proper guardianship, or physical or personality handicaps requiring specialized care; and supervision of adoptions.

During the year 1937 the social-welfare services of the county were reorganized in accordance with the requirements of the Social Security Act and placed under the County Welfare Board. At this time the mothers' aid service, which had been administered by the juvenile court, and the child-welfare services, both of which had been separate agencies, were placed under the over-all administration of the County Welfare Board but continued as separate divisions. The child-welfare board continued to administer its services much as it had before the reorganization.

### **Treatment Services for Children in Their Own Homes**

Case-work and direct-treatment services were available to children living in their own homes chiefly through the Amherst H. Wilder Child Guidance Clinic and the general case-work services of the public and private family agencies. These included the relief and service division and the aid to dependent children division of the County Welfare Board and the three major family agencies of the Community Chest. The chest-supported agencies included the Bureau of Catholic Charities, the Jewish Welfare Association, and the Family Service of St. Paul, a nonsectarian agency. In the family agencies, cases involving problems of children were usually dealt with indirectly as part of the work with the family. Exceptions to this existed in the Jewish Welfare

Association where some cases of children living in their own homes were carried in the children's division, and in the Bureau of Catholic Charities, where cases of adolescent children needing individual treatment were handled in the children's division. The child-welfare division of the County Welfare Board also offered supervision in their own homes to children in the special categories under its administration. The Family Nursing Service, although not offering case-work service in the usual sense, employed a nurse with psychiatric-social-work training as a consultant and teaching supervisor for its staff of nurses.

In St. Paul during the project period the services of the Amherst H. Wilder Child Guidance Clinic were also available to children in their own homes. The clinic was staffed by a psychiatrist, who was also the director; a psychologist, and three psychiatric case workers. It was well accepted in the community and its services were sought by parents, schools, probation officers, and case workers to such an extent that, even with discriminating intake policies, it was unable to carry all the cases coming to it and the clinic had to close intake periodically to avoid serious overloading and a lowering of the quality of its service. The clinic provided diagnostic and consultation service to other agencies in addition to carrying on its own intensive treatment program and during most of the project period was offering tutoring services to children in need of remedial work in school subjects, through a WPA tutoring project under the supervision of its staff psychologist.

The psychiatrist of the child-guidance clinic was the only child psychiatrist in the city. Other psychiatric services were available to children through neuro-psychiatrists in private practice and on the staff of the City and County Hospital. Outside the city the children's psychiatric clinic at the University of Minnesota Hospital was available for a few selected cases.

In addition to the psychological services offered at the child-guidance clinic and those available in the schools, there were two other sources for psychological study of children in the community. A number of case-work agencies shared the services of a psychologist attached to the psychological staff of the State. Her time was made available to them through joint financing of her salary by the Community Chest and the county welfare board. During the latter part of the project period a vocational counseling service for young people out of school

was offered through the St. Paul public library under the direction of a psychologist.

## **Child-Placement Services**

Children temporarily placed for treatment purposes were cared for in foster homes by the Children's Service, a nonsectarian agency, and the children's divisions of the Bureau of Catholic Charities, and the Jewish Welfare Association, all Community Chest agencies. Foster-home placement for children other than those mentioned above (specifically, the feeble-minded child, the illegitimate child, and the child committed as dependent or as in need of special care) was available through the child-welfare division of the Ramsey County Welfare Board, the Children's Home Society of Minnesota, and the Lutheran Welfare Society. Foster-home placements were used almost entirely as a means of providing care and treatment in the public welfare program. A few children were sent to the State school and home at Owatonna and the State school for the feeble-minded at Faribault. In the private-agency field both the Children's Home Society and the Lutheran Welfare Society maintained small institutions for children awaiting placement. There were also two institutions available for the care of Catholic children.

## **Recreational and Group-Work Services**

The recreational and group-work services in St. Paul were under the sponsorship of private youth-serving organizations, the municipal recreation department, and the schools in cooperation with WPA. The privately sponsored programs included the central building and neighborhood programs of the YWCA and YMCA, the Girl Scouts, Boy Scouts, and Camp Fire Girls, the settlements, and a limited number of activities in churches. Summer camps were operated by the private agencies. St. Paul has a system of public playgrounds and small centers throughout the city, owned and operated by the Department of Parks and Playgrounds with supervisory personnel paid from city funds and supplementary assistance given by WPA recreation leaders. In addition, school, playground, and community-center programs were supervised by WPA, although at the beginning of the project only two such school centers were operating on a year-round basis.

## Health Services <sup>15</sup>

The St. Paul bureau of health was under the direct charge of the Commissioner of Public Safety who was also responsible for the police and fire bureaus. There was no board of health. The Commissioner of Public Safety was appointed by the mayor from one of the six elected councilmen and he, with the approval of the City Council, appointed the health officer for a period of 2 years.

In addition to the bureau of health, there were a number of other agencies operating health programs in St. Paul. There were eight nursing agencies in the city and Ramsey County; the nursing program of the city bureau of health, the programs of the division of hygiene of the department of education, the Family Nursing Service, the Amherst H. Wilder Charity nurses, the Ramsey County nurses, the State department of health, the Metropolitan Life Insurance Co., and a school nurse in White Bear Lake, a city outside St. Paul in Ramsey County. Five of these agencies were governmental agencies and three were voluntary. There was no centralized control or planning for this work.

The Ramsey County Public Health Association was also active in the health field as was the child-guidance clinic which has been mentioned under case-work treatment for children.

St. Paul had somewhat better than average hospital facilities which included a children's hospital as well as services for children in other hospitals. The community was also equipped with such professional personnel as physicians and dentists.

## The St. Paul Community Chest

The St. Paul Community Chest served 39 member agencies and had four main objectives.

1. "To ascertain the need for welfare services and to study the role of private social services in relation to the total needs."
2. "To foster and promote cooperation and coordination of effort among all social-service agencies."
3. "To foster and promote effective social planning and execution of the social-service program as a whole."

---

<sup>15</sup> Public Health in St. Paul and Ramsey County, Minn. 1944. Report of a Study by the American Public Health Association. New York. (Processed.) pp. 1-4.

4. "To assist in financing such private social services as may be deemed necessary and appropriate to the public welfare.<sup>16</sup>

Its social-planning activities were under the over-all supervision of the social-planning committee which studied the programs of member agencies and of agencies making application for membership and reported their findings to the board of directors annually, prior to budget hearings. Either alone or in cooperation with the Council of Social Agencies, it also took under consideration subjects or questions pertaining to social welfare and made recommendations to the board of directors.

The Council of Social Agencies was composed of representatives of participating agency members and some other organizations elected to membership by it. In general a close relationship was maintained with public welfare agencies, and representatives from these agencies were active in its planning. Research studies as needed for better community planning were conducted under its auspices and its money-raising and planning activities were closely related.

---

<sup>16</sup> Proposed Amended Articles of Incorporation of the St. Paul Community Chest, Inc. 1942. (Processed.) p. 1.

## APPENDIX II

### KEY USED IN CLASSIFYING PROBLEM BEHAVIOR

*Academic difficulties:* Include cases referred because of unsatisfactory classroom adjustment in one or all subjects.

*Attendance irregularities:* Include cases in which absence from school or tardiness is a problem.

*Conflict with authority:* Include cases in which the child is in conflict with authority in the home, the school, or the community; cases in which the child is beyond parental control or is generally incorrigible; and cases of impertinence, disobedience, and defiance.

(*Conflict with authority* differs from *failure to observe routines and regulations*. The former is a willful and definite reaction to authority whereas the latter is the result of carelessness or an ignoring of the situation and does not imply an antagonism to authority.)

*Conflict with other children:* Include all behavior indicating conflict with other children, such as fighting, quarreling, teasing, bullying, and petty annoyances. Include reaction to siblings as well as to children in the community.

*Destruction of property:* Include cases of destruction of public or private property. Include breaking toys or windows, tearing books, and other minor offenses as well as destruction of property of greater value.

*Dishonesties:* Include dishonesties other than stealing, such as lying, cheating, evasion, and general untrustworthiness.

*Failure to observe routines and regulations:* Include traffic violations, hitching rides, disorderly conduct at school, throwing snowballs, and similar offenses.

(This differs from *conflict with authority* in that it represents an ignoring of rules but does not imply antagonism to authority.)

*Habit problems:* Include cases in which there has been a failure to adapt "natural tendencies to daily needs,"<sup>1</sup> such as faulty eating, faulty sleeping, thumbsucking, enuresis, nervous mannerisms, speech

---

<sup>1</sup> Thom, Douglas, *Everyday Problems of the Everyday Child*. New York, D. Appleton & Co., 1927. p. 16.

disorders, masturbation not accompanied by exhibitionism and not involving others. Mutual masturbation should be classified under sex offenses.

*Parental neglect:* Include all cases in which parents' negligence in meeting accepted standards of care is part of the problem.

*Physical disorders:* Include all cases where physical disorders such as problems of vision, hearing, and more general physical disorders are considered problems.

*Running away:* Include running away from home or escaping from an institution. If, however, the child stays away from home repeatedly, at hours when he is expected to be at home, the problem should be classified as *conflict with authority* or as *failure to observe routines and regulations*, whichever is indicated by the total situation.

*Sex offenses:* Include cases of unlawful intercourse, prostitution, and allied offenses, being an inmate of a house of prostitution, being in danger of becoming a prostitute, immoral relations with persons of the same sex, enticing minors for immoral purposes, and cases of disorderly conduct when this term is used to designate a sex offense. Include cases of rape or indecent exposure and the possession of obscene pictures or literature.

*Social withdrawals:* Include all evidence of withdrawing from contacts with others such as lack of friends, shyness, diffidence, and failure to play with others.

*Stealing:* Include petty stealing as well as major thefts. Include the stealing of an automobile or of automobile accessories, auto parts, and tires as well as the stealing of robes, blankets, parcels, and so forth, removed from an automobile.

Include the operating of an automobile without the permission of its owner (and also the unauthorized use of an automobile for the purpose of joy riding).

Include burglary, breaking and entering, housebreaking, unlawful entry.

Include highway robbery, stealing or attempted stealing from a person, accompanied by intimidation or violence.

Include forgery, fraud, embezzlement, extortion, obtaining money under false pretenses, counterfeiting, check-raising, passing bad checks, and blackmail.

Include picking pockets, shoplifting, stealing from persons in the child's home, stealing coal, food, and so forth.



Also include in this item receiving stolen property, stealing a bicycle or a motorcycle, or operating a bicycle or a motorcycle without the permission of its owner.

*Undesirable personality traits:* Include undesirable behavior patterns in meeting life situations such as day dreaming, sulkiness, showing off, selfishness, temper displays, arrogance, and irritability.

*Other:* Include reasons for referral not specified above.

## APPENDIX III

### BEHAVIOR INDICATIVE OF UNFULFILLED NEEDS— DEFINITIONS

*Bashfulness:* Over-modest, shy, diffident behavior in contacts with people. It implies lack of confidence in self in social situations.

*Boastfulness:* Bragging, vaunting oneself, verbal ostentation.

*Boisterousness:* Loud, noisy behavior which may or may not be directed toward securing attention for oneself.

*Bossiness:* Behavior which inclines toward mastery over or domination of other individuals, particularly in relation to the direction of activities.

*Bullying:* Behavior designed to intimidate by manner or by threat. It is characteristically more overbearing than courageous.

*Cheating:* Deception or fraud in relation to school work.

*Cruelty:* Behavior which results in the giving of pain to others, either persons or animals. It implies either intentional pain giving or indifference to the pain inflicted.

*Crying:* Whining, whimpering, and all forms of cry-baby behavior. This is typically an immature way of meeting a situation.

*Daydreaming:* Indulgence in pleasant reveries characterized by withdrawal of attention more or less completely from external sources.

*Deceit:* Behavior which is intended to delude others. It includes both telling and acting lies.

*Defiance:* Resistant behavior accompanied by boldness or insolence.

*Dependence:* Behavior showing a tendency of the child to rely on others and involving inability or failure to act upon his own initiative. It includes behavior which is unduly influenced by external suggestions.

*Destructiveness:* Behavior which results in the damage or demolition of property. It may be either accidental or intentional, malicious or otherwise.

*Disobedience:* Failure to comply with orders or to submit to authority. This will include marked slowness in obeying, failure to obey at the given time, particularly when combined with a definite show of reluctance to obey.

*Drinking:* Consumption of alcoholic beverages in any form.

*Eating disturbances:* Any deviation from normal eating habits, such as

excessive appetite, lack of appetite, food fads, excessive eating between meals.

*Effeminate behavior*: Applies to boys only. It includes kinds of behavior, gestures and mannerisms more characteristically feminine than masculine which are sufficiently prevalent in the whole behavior picture of the individual to cause him to be regarded as effeminate.

*Enuresis*: Diurnal or nocturnal involuntary passage of urine after 3 years of age.

*Fabrication*: Making up and telling false stories whose primary purpose is not to deceive but to attract attention or admiration, e.g., telling of a fire, automobile accident, or other adventure which has not taken place.

*Failure to perform assigned tasks*: Neglect of duties at home or at school, such as failure to prepare lessons, or fill the wood box. Does not apply to refusal to obey a specific command, which falls under *disobedience*.

*Fighting*: Behavior involving a physical struggle between two or more individuals. May be either in fun or represent antagonism.

*Finicalness*: Over fastidiousness in caring for person, dress, possessions, or in manners, speech, and so on.

*Gambling*: Playing games where money or other articles of value are at stake, e. g., matching pennies, playing dice games, card games, slot machines, and pin ball games, betting, wagers.

*Gate crashing*: Entering places of amusement without paying admission, as movies, baseball games.

*Hitching rides*: Begging or stealing rides on cars or trucks; includes thumbing rides, jumping trucks, and so on.

*Ill-mannered behavior*: Failure to observe ordinarily accepted manners and social niceties; impolite behavior, discourtesy, rudeness. It implies both acts of omission and commission. It includes manners within the home, such as table manners, as well as outside.

*Impudence*: Impertinence, sauciness, overbearing demeanor, disrespectful behavior.

*Inattentiveness*: Failure to pay attention when it is appropriate. Does not include *daydreaming* which is a specific form of inattention.

*Indolence*: Habitual idleness, lack of effort, fondness of ease, reluctance to work toward an objective.

*Lack of orderliness*: Lack of order in behavior. This will occur chiefly at school or in group situations where the child fails to fit himself into the routine or regulations, e. g., whispering in class, making a disturbance in the halls, breaking school-police lines. This does not refer to

lack of order about the person or possessions, which is described under *untidiness*.

*Masturbation*: Sexual self-stimulation. Mutual masturbation is to be included under *sex play*.

*Nailbiting*: Biting the nails more or less habitually.

*Negativism*: Habitual reaction to suggestion or command by failure to comply or reaction in the opposite direction.

*Obscenity*: Unpure language, use of vulgar sexual terms, display of pornographic pictures, notes, suggestive gestures.

*Overactivity*: Behavior characterized by excessive physical movement regardless of cause. This will include fidgeting, restlessness, as well as the clinical picture of hyperactivity.

*Over-masculine behavior*: Applies to girls only. It includes kinds of behavior, gestures, and mannerisms more characteristically masculine than feminine which are sufficiently prevalent in the whole behavior picture of the individual to cause her to be regarded as a tomboy, lacking in femininity, mannish in behavior, and so on.

*Profanity*: Use of swear words. Does not include use of slang expressions.

*Quarreling*: Wrangling, bickering, squabbling, disputing accompanied by irritation or anger.

*Roughness*: Rude, violent behavior which may involve discomfort to others through carelessness rather than intent.

*Selfishness*: Behavior which is actuated by one's own interest regardless of comfort, happiness, or rights of others, putting one's own wishes and advantage first. Applies to material things as well as personal relationships.

*Sex perversion*: Applies to adolescents. Involves sexual behavior not directed toward the normal sexual goal. *Masturbation* will not be included here. This will include overt homosexual practices, exhibitionism, and other recognized perversions.

*Sex play*: Applies to preadolescent children only. Any form of exhibition, manipulation, or attempt at stimulation of the sex organs taking place with two or more children present.

*Sexual activity*: Applies to adolescents. Physical activity of a sexual nature between adolescent girls and boys of a normal type but extreme for the age of the child. Includes all degrees from petting to actual sexual intercourse.

*Shifting activities*: Behavior which is characterized by frequent shift in direction or purpose; lack of sustained effort along any line.

*Show-off behavior:* Behavior directed toward the exhibition of one's accomplishments, clothes, personal attractions, and so on.

*Silliness:* Behavior which is designed to attract attention by foolish or ridiculous performances; giggling, making faces, playing foolish pranks.

*Sleep disturbances:* Inability to sleep, frequent wakefulness, restlessness, nightmares, sleepwalking, excessive sleepiness.

*Smoking:* The use of tobacco for smoking.

*Speech disturbances:* Stuttering, stammering, lisping, difficulties in articulation.

*Stealing:* Taking without right, with intent to keep, the property of others; theft, robbery.

*Stubbornness:* Unyielding, often unreasonable, adherence to an opinion or purpose in spite of command or persuasion to the contrary; obstinacy, intractability.

*Sullenness:* Being gloomily silent and ill-humored, sulkiness.

*Tardiness:* Lateness in keeping appointments, particularly failure to arrive at school on time.

*Tattling:* Talebearing, particularly telling something to the disadvantage of others to those in authority.

*Teasing:* Annoying others in petty ways, such as calling names, playing tricks, pestering.

*Temper displays:* Any type of temper display from crossness and irritability to severe fits of anger and temper tantrums.

*Tics:* A local and habitual convulsive motion of certain muscles, involuntary twitching.

*Timidity:* Fearful behavior in face of inadequate cause, evasion or inability to face real or imagined dangerous or disagreeable situations. Does not include bashful behavior which occurs in social contacts.

*Thumbsucking:* Habitual sucking of the thumb. Under this may be included habitual sucking of any other part of the hand.

*Truancy from home:* Leaving or remaining away from home without permission. It includes failure to meet parental regulations about the time of return to the home either by day or by night, sneaking out without permission, and deliberate running away with intent not to return.

*Truancy from school:* Staying away from school without permission of home or school.

*Uncleanliness:* Lack of ordinary cleanliness about the person, lack of care in keeping clean.

*Uncouth personality:* Repulsive personal habits, such as picking teeth or nose with fingers, spitting, scratching self, exaggerated chewing of gum, and so on.

*Underactivity:* Behavior characterized by lack of normal physical activity. Includes habitual slowness and infrequency of movement.

*Undesirable companions:* Seeking companions who are judged to have a pernicious influence on one's standards of conduct.

*Undesirable recreation:* Frequenting undesirable places of recreation, such as beer parlors, low-class dance halls, homes of older persons of dubious morality, and so on.

*Unsportsmanship:* Refers mostly to play activities. An unwillingness to abide by the rules, insistence on always playing the choice role, refusal to accept penalties, tendency to cheat, and so on.

*Untidiness:* Implies carelessness about one's person or possessions, lack of neatness and orderliness. This will cover personal appearance, care of possessions, both at home and school, condition of school papers, and so on.

*Violation of street-trades regulations or child-labor laws:* Failure to observe legal regulations relating to street trades, or child labor.

*Violation of traffic regulations:* Speeding, driving without a license, failure to stop for signals, and so on.



BOSTON PUBLIC LIBRARY



**3 9999 05708 6355**



